DR. GARDINER HILL
ON
LUNACY.

25.9.9.



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LUNACY:

ITS PAST AND ITS PRESENT.

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BY

ROBERT GARDINER HILL, F.S.A.,

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WITH

APPENDIX.

"The evil that men do lives after them;
The good is oft interred with their bones."

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PREFACE.

THE writer of the following pages addresses himself to those who think, but emphatically to those whom the accidents of life have familiarized with the painful phenomena of mental alienation. If he does not profess to furnish a scientific treatise on the subject, his hesitation must be attributed to its right cause —to the fact, in other words—that the so-called science of psychology is still in its earliest infancy, and that however great have been our advances in all that is material in the world around us, we are far removed from even penetrating the crust of that which is mental. Whilst to man is given the faculty of plumbing the depths of the ocean, and of bringing continents in proximity through the subtle agencies of electricity, he is prostrated in any attempt to analyse the recesses of thought. They are

amenable to no delicacy of instrument, and however much we may generalise, we ultimately arrive at nothing beyond obscure and uncertain guesses—their spirituality rebuking us at every step we take. The writer, therefore, eschews such debatable ground, and contents himself in the humbler sphere of propounding the results of a large and extensive practice that has given a zest to the labours of the greater part of a lifetime. The experience so acquired he thinks should be utilised for the benefit of those who are treading in his footsteps, and it is in this spirit he ventures again to come before the public. What insanity is would furnish speculation for the materials of a lexicon. What the writer aims at elucidating are some of those particular forms of the disease falling under the head of legal insanity, wherein the application of the Lunacy Laws is brought into operation. Beyond such an arena he does not desire to travel; his starting point is a legal document framed in accordance with the Act of Parliament, which limits the freedom of one for the benefit of many.

If we cannot be said to live in the maturity

of time, we can at any rate bring home to our senses that we do not live in a non-progressive era, the magnificent strides in every department of research meeting us at every turn in the journey of life. In none has our progress been more conspicuous than in the recognition of our moral obligations, when we substituted a law of kindness for the practice of cruelty in the treatment of the insane. The conception of abolishing all mechanical restraint ushered in the dawn of a new day—its practical success is the crowning of the edifice.

To have been an instrument in this great achievement ought to satisfy the ambition of any ordinary mortal, and so undoubtedly it would in the present case had not some unjust and ungenerous criticisms lately appeared, the effect of which was not only to deprive the author of his laurels in the long-sustained fight, not only to discredit the institution of which he was the representative, but actually to pervert the current facts of history. Under such circumstances silence would have been culpable. He is necessarily obliged, therefore, to assume the part of the historian by placing before the public the grava-

mina of the case, with all the materials of dates and figures, as they appear in the records of that institution—everything that can enable them to form a just judgment as to whom the palm of merit should be awarded. The details may appear to be disproportionally tedious, but as they are essential to the clearing up of the controversy, the reader is requested to extend his indulgence by kindly remembering that the stake at issue is whether others shall be permitted to share in the triumph which he emphatically proclaims is *his*, and *his* alone. "Divide et impera" may be a safe political maxim, but it is no rule in his code; he would rather exclaim on such a vital and historical point, "Aut Cæsar, aut nullus."

Earl's Court House,
Old Brompton, S.W.,
January 3, 1870.

LUNACY:

ITS PAST AND ITS PRESENT.

IN the early part of the present century, lunatics were kept constantly chained to walls in dark cells, and had nothing to lie upon but straw. Some were chained in dungeons, and were gagged, outraged and abused. The keepers visited them whip in hand, and lashed them into obedience; they were also half-drowned in baths of surprise, and in some cases semi-strangulation was resorted to as a means of necessity or the result of accident. The bath of surprise was so constructed that the patients, in passing over a trap-door, fell in; some patients were chained in wells, and the water made to rise until it reached the patient's chin. One horrible contrivance was a rotatory chair, in which patients were made to sit, and were revolved at a frightful speed. The chair was in common use. Patients in a state of nudity, women as well as men, were flogged at particular periods,

chained, strapped and fastened to iron bars, and even confined in iron cages. At Inverness, between the second and third arches of the old bridge, built in 1685, there is a dismal vault, used first as a jail and afterwards as a madhouse, the air-hole or grating of which is still exhibited. This appalling place of durance, where the inmates were between the constant hoarse sound of the stream beneath, and the occasional trampling of feet and rattling of wheels overhead, existed so late as 55 years ago, and is said not to have been abandoned till its last miserable inmate, a maniac, had been devoured by rats.

One of the most notable instances of mechanical restraint on record is that of the man Norris at Bethlem Hospital, who, for striking the apothecary, was enraged and kept in irons for twelve years. The nature of the restraint was such that he could not stand upright. The restraint is thus described:—

"A stout iron ring was riveted round his neck, from which a short chain passed to a ring made to slide upwards or downwards on an upright massive iron bar, more than six feet high, inserted into the wall. Round his body a strong iron bar, about two inches wide, was riveted; on each side the bar was a circular projection, which, being fastened to and enclosing each of the arms, pinioned them close to his sides! The waist-bar was secured by two similar bars, which, passing over his shoulders, were riveted

to the waist-bar, both before and behind. The iron ring round his neck was connected to his shoulders by a double link. From each of these bars another chain passed to the ring on the upright iron bar. His right leg was chained to the trough." This, be it remembered, was in the year 1815.

The atrocities committed at the York Asylum are almost too horrible to be believed. "A man who had been sent to the York Asylum, apparently in health, was returned in a state, weak and emaciated ; he could with difficulty support himself, having mortification in one of his legs, being filthy, having the itch very bad, and his body covered with bruises and marks, which could be attributed to nothing but the lash of a whip." "A female patient declared that she had been flogged." "Another woman came home with marks of wounds upon her head, and her hip dislocated—she was dirty and in rags, and swarming with vermin." "A clergyman, who had been inhumanly kicked down-stairs, was swarming with vermin." "The cells were in a state dreadful beyond description; some miserable bedding was lying on straw, which was daubed and wet with excrement and urine: the boarded floors perfectly saturated with filth ; the walls also besmeared with excrement ; the round air-holes, about eight inches in diameter, partly filled with it—the stench intolerable." Another patient, also at York, was found in the washhouse, standing

on a stone floor, apparently in the last stage of decay ; he was a mere skeleton, his thighs were covered with excrement in a dry state, and those parts which were not so, appeared excoriated, as did also some parts of his waist." In those days "patients were starved for want of food," and the irons with which they were fastened were allowed to remain until they had eaten into the flesh, causing large sores and abscesses, and sometimes mortification. Patients were found chained to stone floors, wallowing in their own excrement and filth. There are many instances on record of the female patients being with child by the keepers and male patients. The atrocities at the York Asylum became so notorious that an inquiry was instituted. Scarcely had the inquiry terminated when the wing of the asylum which contained the worst cases, was purposely set on fire, and several of the patients burnt to death. The statistics of the asylum were found to be falsified ; 221 patients were advertised as dead, whereas the number ought to have been 365.

The Parliamentary Inquiry of 1815 brought out numerous instances of very gross cruelty.

The Retreat at York was, I believe, the only establishment in which the condition of the Lunatic was ameliorated ; it was an Asylum for a peculiar sect of Christians, was founded by Mr Tuke, and was under humane, liberal, and benevolent management.

I will now proceed to describe the condition of the Lunatic, and the state of our public and private Asylums immediately prior to the introduction of the non-restraint system at Lincoln, and during the period the system was upon its trial. I think it will be admitted that the treatment of Lunacy was not greatly advanced, and that reform was very urgently needed. As late as 1844 patients were very much neglected, and in many instances as brutally treated as before the Parliamentary Inquiry of 1815.

Shortly after my connection with the Lincoln Asylum, I visited several large asylums—Bethlem, St Luke's, Hanwell, Leicester, Nottingham, Glasgow, York County, and the Retreat, Wakefield, Exeter, Bodmin, the Bethel Asylum at Norwich, &c. At all these places, except at the Retreat near York, restraint was extensively employed ; at Hanwell I saw patients strapped down to their bedsteads in complete sets of harness. At Bethlem all kinds of instruments were in use, and some of the patients were chained (tethered like beasts) to the seats in the airing courts. Some foreigners appeared to be fastened behind iron gates or in cages—jabbering and making an unearthly noise. Many of the patients were very ferocious, the hubbub and noise being almost deafening. At St Luke's Hospital the same state of things existed. At that asylum I was shown a bath of surprise. At Leicester and many other asylums I found patients in a semi-nude state sitting upon and fastened by straps to

ponderous arm-ehairs, whieh answered the double purpose of seats and commodes. These seats were plaeed upon inelined planes, so that the exerement might more readily pass away. Some friends who aecompanied me over the Leicester Asylum were seized with faintness, and had to make a precipitate retreat. The odour was most offensive.

At Glasgow the patients were mostly without shoes and stoekings. There also restraint was the rule. Several of the patients were strapped down on straw beds.

One of the most disgusting places I visited was an asylum near Liehfield, the master of whieh boasted of having the patronage of the authorities at Lichfield and neighbouring parishes. The house was in a state of filth, and the buildings generally unfit for oeeupation. The patients were barely elothed, fastened and manaeled as was usual at that time. Bethel House at Norwich was in a similar eondition.

At a private asylum in Kent it was a eonstant praetice to restrain the patients ; some of them by spring body-belts and handeuffs, others by iron leg hobbles, and some were fastened to staples fixed in the floor. Other patients, in addition to the iron belt, had gloves attached to straps, by whieh the hands were fastened to the sides. Some of the patients when in bed were also seeured by leg-hobbles, whieh were strapped to the bedstead. Ladies were fastened to their bedsteads by means of iron leg-loeks. The pro-

prietor of this asylum was afterwards proseeuted for making false entries in the Medieal Visitation Book.

At some of the asylums when patients had beeome filthy in their habits from being manaeled at night, it was eustomary to take them from their beds to an out-house to be washed. This was sometimes done by means of a mop and some eold water out of a eommon bueket. At an asylum in Lineolnshire I was shown a small yard paved with sharp-pointed eoggles, in whieh dirty patients were taken naked at all seasons to be mopped. This proeess took plaee in a small shed in one eorner of the yard, where there was a wooden apparatus for wringing.

This method of washing patients was, I fear, frequently praetised. I saw it done at Lineoln only a few days after being installed in offiee. I had risen very early, and was looking out of an upper window, when I notieed a male patient walk out of the disorderly patients' gallery into the open yard and there mopped, "*secundum artem.*" Of eourse the praetiee was at once put a stop to. Here is a ease in point. "At a eoroner's inquisition, held on the body of a pauper lunatie at Southampton it was stated by two witnesses that the patient was washed in a very indeeent manner. She was stripped naked, and serubbed with a broom in the open yard. It might be for half-an-hour—she was naked all the time—she had been struek with a heavy cruteh stick, and was frequently beaten by the

nurses, and sometimes even when she was naked. The instrument used was a knotted stick of the thickness of witness's finger. Water was afterwards thrown upon the patient, and she was then driven into the straw-house, which seems to have been a receptacle for the most outrageous of patients."

In 1842 (December) Carisbrooke Asylum, at Newport, Isle of Wight, was described in "The Times" as the most unmitigated remnant of the old system then existing. "It is a narrow parallelogram, about 60 feet long and 30 broad, divided at the centre into two compartments for males and females. The court-yards are paved, and the sleeping cells open into them upon the principle of dog-kennels. In each department there is a room called the settle-room, containing from six to eight strong chairs with handcuffs and leg-locks (whose brightness shows their frequent use) attached to them, and also a small dismal day-room. There is not, and there cannot be, either amusement or occupation, and the only object in nature which gladdens the sight of the unfortunate inmates is the noonday sun as it passes over their prison. In this horrible place there is, or recently was, a male patient confined, who for upwards of ten years had been pinioned like a felon before execution, his hands being tightly handcuffed across his chest, and his elbows fastened by leathern thongs across his back, whilst his ankles were chained together so that he could scarcely shuffle forwards; and

there were also, when I saw the place, in addition to the settle-chairs, two young females lying on their backs, fastened to their beds; their arms, which were black with bruises, passed through iron rings affixed to the bed-frames, and their wrists handcuffed across their bodies like figures on an ancient monument."

The following anecdotes are of an indisputable nature, derived from the inspection of a private licensed Asylum in Devonshire, in the year 1837 :—

Who is that helpless paralytic female, stretched on her rude bed of straw, "cribbed, cabined, and confined" in yonder dark recess, that almost seems to begrudge the tiny space allotted to this miserable remnant of humanity? Whence those several apertures in the walls of her dismal cell? She speaks, and this is the burden of her story: that she can obtain neither sleep by night nor rest by day, that vermin (rats) approach her so as to compel her to drive them away with her hand, which they often succeed in injuring; that her complaints are unheeded, and that she is miserable. And what pity does she obtain from her inhuman janitor? He rebuked her for a falsehood, and seriously asked the eye-witnesses if a mad woman was worthy of credit, and this, too, in the very teeth of the evidence which the apertures afforded of the poor woman's veracity. At last, finding himself hardly pressed, he admitted that he was unable to keep them away!! Here was the case of a helpless lunatic, sent to a

legally licensed private establishment, maintained there by wages wrung from the produce of the industrious, and who was thus—treated shall we call it?—aye, rather say shamefully neglected and slowly destroyed.

But yonder cell exhibits what is more revolting still—a maniac in Nature's state of nudity, chained down and confined, like a dog in a kennel, in a large open puncheon, partially filled with straw, which the wretched being, during the intervals of almost ceaseless, unintelligible raving, is reducing to the smallest fragments. The scene is almost too great for humanity to contemplate with composure—the spectator is as firmly riveted to the spot as is the semi-human object whom he went there to visit. Not so impressed, however, was he whose special and natural duty it was to provide the necessaries to cover his nakedness, and to administer the comforts of existence. With an apathy and grossness which nothing but familiarity could create, this unfeeling individual was contented with the explanation that it was useless to provide clothing for one who, as soon as it was furnished, would proceed to destroy it! This sad case had not even the mask of pauperism to sustain it; the relatives were both respectable and independent, and great would have been their mortification if they could have conjectured such a discipline for him.

One more illustration will close this sad catalogue of wrongs inflicted in this terrible

pandemonium:—Wandering into an adjacent court-yard, rendered somewhat more attractive with the view of captivating the unwary friends of the patients, the visitor is pleased to see that if the walls are high, the space is cultivated and adequate for exercising purposes—in other words, this was the show-place. Here was a veteran, one of the hardiest of the sons of Neptune—a tall, well-made muscular subject: he was in the full possession of his liberty, at least as far as the four corners of the yard would admit of it. He was the most orderly and rational of the inmates. Was his lot as happy as his residence in such an institution could render it? Listen, and he will tell you that he is *starved:* the whole of his grievances are summed up in one dreadful and comprehensive word—Starvation! Suiting the action to the word, he doffs his blue jacket, and, baring his arm, exclaims, Feel that. It was not the quality of the food that made him murmur, but it was that at the termination of a meal he was as keen set as when he sat down. The result of this complaint elicited the extraordinary fact that the diet was regulated by a scale derived from one of the Poor Law Union establishments. Here, then, for once, was a system extensively acted upon, avowed, and maintained, that what was deemed adequate for an able-bodied pauper should be the measure of allowance for an active and healthy lunatic—in other words, that to the victim of mental alienation should be doled out

the same amount of food as should be given to the idle tramp of the workhouse.

Here are some instances of restraint as reported by the Commissioners in Lunacy in 1844 :—

West Auckland Asylum. — "In a small, cheerless day room, with only one unglazed window, five men were restrained by leg-locks, called hobbles, and two were wearing in addition iron handcuffs and fetters from the wrist to the ankle. One powerful young man, who had broken his fetters, was heavily ironed ; and another was leg-locked and handcuffed, who was under medical treatment and in a weak state. One woman was leg-locked by day, and chained to her bed at night. Chains were fastened to the floors in many places, and to many of the bedsteads. The males throughout the house slept two in a bed."

Plympton Asylum, Devonshire.—"Ten persons were found under restraint. One of them had been restrained for two months merely for breaking windows. In a day-room, in a state of furious mania, was a young woman, who had been delivered of a child five or six weeks previously, confined by a strait-waistcoat and chained by the arm and leg to a bench. Another woman in this ward, in a strait-waistcoat, was lying in a hole in the middle of the airing court, without covering to her head, or anything to shelter her from the broiling sun. Ten curable patients and two idiots were under the charge of a

lunatic, who was himself confined by a chain from the wrist to the ankle." At another visit to this house, October 2, 1843, "three women were found chained by their legs to the benches. One of them, mentioned in the previous report, had, besides the chain to her leg, another chain passing round her waist, to which were fixed, by an iron ring, two hand-locks, in which both her hands were confined. Besides this restraint, there were twenty-one patients who were chained to their beds at night."

The state of the Plympton Asylum is thus described by the Commissioners:—Extracts from Report.—"One room, in which seventeen patients lived during the day, measured only sixteen feet six inches by twelve feet. There was no table in it, and there was sitting-room for no more than ten patients. Several of the bed-rooms were cheerless and wet, from the damp or rain, and the walls were besmeared with filth. Close to some small crib-rooms, in which some girls (violent patients) slept, there was a bed-room for a male patient, who, it appeared, had access to the room in which the girls slept."

"The day-room of this ward was extremely small, with an unglazed window, and no table. A series of sleeping cells for dirty patients, connected with this ward, were dark, damp, and offensive; they were occupied at night by four males, two in one cell, and two in single cells. The dirty male paupers slept in a room, formerly the dairy, in which were six beds; it was

damp, ill-ventilated, and offensive. There was only one small window, unglazed, which was closed with a shutter at night. There were chains and wrist-locks attached to nine of the beds on the male side, which were constantly used at night, partly to prevent violence, and partly to guard against escape. Four of the female paupers, represented to be subject to violent paroxysms after epilepsy, were ordinarily confined to their beds by chains and wrist-locks."

"The three sleeping rooms in the women's cottage could not, in the judgment of the Commissioners, have been cleaned for some days; the wooden cribs were filthy, the floor was in holes, and soaked with urine, and in parts covered with straw and excrement. We can give no other general description of it than that it was most disgusting and offensive."

"In one of the cells in the upper court for the women, the dimensions of which were eight feet by four, and in which there was no table, and only two wooden seats, fastened to the wall, we found three females confined. There was no glazing in the window, and the floor of this place was perfectly wet with urine. The two dark cells, which adjoin the cell used for a day-room, are the sleeping-places for these three unfortunate beings. Two of them sleep in two cribs in one cell. The floor of the cell in which the two cribs were was actually reeking wet with urine, and covered with straw and filth, and

one crib had a piece of old carpet by way of bedding, besides the straw, but the other appeared to have had nothing but straw without any other bedding. In the other cell, the patient who slept in it had broken the crib to pieces, and a part of it was remaining in the cell, but the straw was heaped up in one corner, and as far as we could rely upon what was said, she had slept upon the straw, upon the ground, at least one night. The straw itself was most filthy, the floor was perfectly wet with urine, and part of the straw had been stuck to the wall in patches with excrement. It must be added that these two cells, and one other adjoining it, have no window, and no place for light or air, except a grate over the doors, which open into a passage. The persons of these three unfortunate women were extremely dirty, and the condition in which we found them and their cells, was truly sickening and shocking. Adjoining to the two sleeping-cells of these women, and opening into the same passage, was a third cell which was occupied as a sleeping-place by a male criminal of very dangerous habits, and an idiotic boy."

"This cell was dirty and offensive, and the floor of it wet with urine, but it was not in so filthy a state as the other two. The criminal was fastened at night to his bed with a chain. We strongly objected to these men being confined in a cell closely adjoining to the females. The whole of these cells were as damp and as

dark as an underground cellar, and were in such a foul and disgusting state that it was scarcely possible to endure the offensive smell. We sent for a candle and lantern to enable us to examine them."

Passing from these private abodes of misery, let us glance once more at the state of the lunatics in our great public establishments. The survey only tends to show that whether in or out of an asylum, the lunatic appears to be hardly recognised as belonging to the great family of man. In proof of this take Mr Gilbert's Commissioners' Poor Law Report for 1831. "At Bideford, two lunaties, a male and a female, are confined in dens exactly like those used for wild beasts, and equally offensive. These I had immediately released. The female was sent to an asylum, and is expected to recover. The male is now at work in the house, quite sensible of the benefit conferred on him by the change."

"At Tiverton there was a female lunatic who had been 28 years in the workhouse; she was confined in a small room, having neither furniture, fire-place, nor bed; there was nothing in the room but a bundle of straw; she was without a single piece of clothing, *perfectly naked, and had been confined in that state*, during winter and summer, for 28 years."

A physician, in visiting the Wakefield Asylum about the year 1838, found from seven to nine male patients strapped down in bed in

strait-waistcoats. The reason assigned for such treatment was that they could not in any other way be prevented from tearing their clothes. Another patient was in the habit of spitting at persons who approached him, and for that offence was strapped to the bedstead. At the same asylum seven of the female patients were found seated in restraint chairs, the wrists of each being fastened to the arms of the apparatus.

The superintendent of the Wakefield County Asylum was greatly offended when a more humane system of treatment was proposed, and some time after, in consequence of a report having got into circulation that some of his patients were strapped to their bedsteads for tearing their clothes, he came forward, supported by the visiting justices, to vindicate the system as then practised. These gentlemen had a number of questions put to their medical officers, and these interrogatories and the answers were published and circulated throughout the county of York. The questions and answers were signed by four medical men—viz., two physicians and two surgeons, and were as follow :—

"*Q*. Is it your opinion that restraint can be dispensed with in all cases of high maniacal excitement ?

"*A*. Decidedly not.

"*Q*. Does restraint in any cases tend to promote recovery when judiciously applied, and may it be considered a remedial measure in the cure of insanity ?

"*A.* Certainly.

"*Q.* Are the instruments of restraint used in this institution of the most approved kind, or are there any others which in your opinion could be used in preference?

"*A.* I do not think any improvement can be made in the instruments of restraint.

"*Q.* Do you ever remember any patients being confined in strait-waisteoats for tearing their clothes?

"*A.* It is neeessary that some patients should be put under restraint who are addicted to certain outrages, but we never remember any instance of a patient being fastened in bed for merely tearing his clothes.

"*Q.* Were there ever seven or any other number of female patients fastened by their wrists in arm-chairs?

"*A.* We have seen some patients in arm-chairs; there is a bar across the chairs, and a slight strap or belt round the patients, fixed to the baek of the chair to keep them in. We have seldom known more than four patients in chairs, and less than four lately. We think the above system of restraint is much milder than personal coercion on the part of the keepers, and in certain cases ought not to be dispensed with."

The restraint chair which is here described by the medical officers of the Wakefield Asylum as a mild form of restraint, is well known to have been productive of the worst eonsequences to the patient. The occupant of eourse beeame

helpless, contracted filthy and disgusting habits, and soon lapsed into imbecility, and in many instances exhaustion and death were the consequences.

It was customary in the early days of non-restraint for the supporters of the opposite system to describe all restraint as then existing as *mild* restraint. Mr Serjeant Adams, at a meeting of Middlesex magistrates (October 29, 1840), in detailing some instances, stated that within the last fourteen days he had seen a man in an Asylum in heavy manacles. Within the last month, in another Asylum, he had seen three young women who were bound fast down to their beds with their hands passed through rings, so that they were utterly incapable of moving ; and yet such treatment was called mild restraint. He had seen, too, a man who was manacled by the legs so tightly as only to be able to shuffle along the floor, in which state he had been for no fewer than ten years. The arms of the young women were black and blue from the chains which had been placed around and upon them. He had seen at the Maidstone County Asylum, said to be an Asylum in which the system of mild restraint was practised, two men who had been chained to their beds for four years and a half. In the same Asylum he saw a female fastened into what was termed a coercive chair, with a large cuirass of thick leather so tightly compressing her body that it creaked upon the slightest motion. Her hands

were pinioned before her. There were also twenty or thirty others in different sorts of manacles for reputed acts of mischief.

The following account of the state and condition of the inmates of the Lancaster Asylum is extracted from Mr. Gaskell's Report of that Asylum for 1841 :—

"From the opening of this Asylum, in the year 1816, mechanical restraint appears to have been extensively employed; and at the time your officers took charge they found twenty-nine persons wearing either handcuffs, leg-locks, or strait-waistcoats, exclusive of between thirty and forty patients who were chained down during the day-time on seats so constructed as to answer all the purposes of water-closets, in rooms known by the appellation of 'the warm rooms;' moreover, during the night-time, all the epileptic and violent patients were chained or otherwise secured in bed. It was also an established custom to place every case on admission under restraint during the night-time, for a longer or a shorter period, as might appear most expedient. Before proceeding any further, it may be advisable, more especially as some erroneous statements have already appeared about these 'warm rooms,' to give a general idea of their construction and situation. They are two in number, one for the females and the other for the males, situated in the centre of the building in juxtaposition, and obtain their designation from the circumstance of the floors,

which are of stone, being heated by flues. They are thirty-four feet long by eighteen broad, and fourteen feet high, and although they are dark and gloomy in appearance, they are tolerably well ventilated. Along the inner wall of these rooms were placed fourteen stalls or boxed seats, answering the double purpose, as stated above, of seats and water-closets; and, at the end of each room, three similar seats, not answering the purpose of water-closets, were affixed. Idiotic and violent patients, and those of filthy habits, were chained in these seats from early in the morning until bed-time. The men were clothed in a short petticoat; and, owing to the floor being warmed, neither the men nor women were usually allowed shoes or stockings. A long leaden trough, immediately below these seats and communicating with a common drain or sewer, was repeatedly washed out during the day by turning on a tap of water at the upper part."

Upwards of two hundred patients at the Lancaster Asylum slept upon straw.

At the Bedford Asylum, since disused, the rooms were furnished with iron rods, which were fixed to the walls. To these rods the violent patients were chained, and by means of a sliding ring could walk backwards and forwards to the extent of the rod, but no further. The early reports of the Northampton Asylum contain some horrible details of patients who were removed from Bedford Asylum to Northampton.

Here we have a case of home treatment. In May, 1840, a male patient, with extensive swelling of both arms from the use of the strait-waistcoat and straps, was admitted into the Lincoln Asylum. The left arm was four times its original size. There was emphysema, extensive destruction of the skin, and complete loss of sensation. The man was in a very critical state. Ten days after there was still considerable swelling and emphysema, and several superficial sloughs. There was also inflammation of the membrane of the bone where the strap went round the arm. It was the opinion of the surgeon in attendance that if the pressure had been made a short time longer, he would have lost the use of his arm, as the circulation was intercepted and the artery compressed.

Thus, then, under whatever aspect we view the condition of the lunatic thirty years since—whether in or out of an asylum—we find him doomed to neglect, privation, and cruelty.

I shall now proceed to describe the state of the Lincoln Asylum, the birth-place of non-restraint:—

The Lincoln Asylum was opened, March, 1820. For nine years the instruments of restraint were unfortunately under the control of the inferior keepers. During that period there is the strongest evidence to show that the patients were terribly neglected. No record

was kept of the several instances of restraint. While the patients were undergoing the torture of the iron handcuff, the keepers were enjoying themselves ; "they were guttling and guzzling all day long, eating five meals a-day, and getting drunk," and the result was that the superintendent had frequently to put the keepers into strait-waistcoats themselves. This was stated as a fact by the then superintendent. During this period a patient was found strangled in a strait-waistcoat, but it was never satisfactorily made out whether he committed suicide, or whether he was strangled by the keepers or by the visitation of God. There is no mention of the case in the Annual Report. The discovery of marks of strangulation on his throat by Dr Cookson, one of the visiting physicians of the asylum, led to an order being made by the Board that the use of the strait-waistcoat be interdicted, except under special circumstances.

The period I shall now notice is that between March, 1829, and the time of my appointment as medical superintendent (house-surgeon), July, 1835. A daily record was from that time kept of every instance of mechanical restraint. During that period there were three changes in the office of medical superintendent. These persons were all advocates of the restraint system. The first used restraint indiscriminately, the second very largely, the latter said it could not be dispensed with, and hinted, in a local paper, that if dispensed with, "surreptitious flagella-

tion" must have been substituted for it. The amount of restraint increased under this gentleman's superintendence. My immediate predecessor in office declared himself strongly in favour of restraint. In a letter to the 'Lancet' he stated that "restraint forms the very basis and principle on which the sound treatment of lunatics is founded. The judicious and appropriate adaptation of the various modifications of this powerful means to the peculiarities of each case of insanity, comprises a large portion of the curative regimen of the scientific and rational practitioner; in his hands it is a remedial measure of the very first importance, and it appears to me that it is about as likely to be dispensed with, in the cure of mental diseases, as that the various articles of the Materia Medica will be altogether dispensed with in the cure of the bodily." He further stated, that "*Mr Hill's curious and heterodox opinion* that restraint is never necessary, never justifiable, but always injurious in all cases of lunacy whatever, is more remarkable for its *rashness* even than its *boldness*"

Up to July, 1835, there had been seven cases of suicide besides the case mentioned as having been strangled in a strait-waistcoat. One of these suicides used the belt with which she had been restrained, to hang herself. The use of the belt was not interdicted by the Board, as in the case of the strait-waistcoat, although it must have been patent to every governor that

the one instrument was equally as mischievous as the other.

Of the deaths prior to 1829, as connected with or affected by restraint, I am unable to speak, but from March, 1829, to July, 1835, there were seventeen patients who from violence or maniacal excitement were subjected to restraint of a most frightful kind and to an excessive degree. Each patient averaged 135 days and nights of restraint, and while under restraint had to sleep upon straw and in his own ordure. The result was that only two of these patients recovered, whilst ten died, three committed suicide, one escaped, and one was removed by friends.

The following particulars are extracted from the Case Book, and will illustrate the condition of the lunatic, at the Lincoln Asylum, a short time prior to, and at the time of, my appointment :—

Case 309. Time from June 21, 1832, to April 19, 1833.

The patient is very mischievous ; he undresses himself, tears his clothes, occasionally breaks a pane of glass, is noisy, violent, wild, and incoherent, and will not take food voluntarily. He is forcibly fed for many days in succession, is frequently in seclusion, and is almost always under restraint. At night being fastened to a tub-bedstead by the hands and feet.

July 11.—Fastened in restraint chair by

the feet, hands, and body—shouting and singing.

July 22.—Confined all the morning in a chair in noisy cell: the handcuffs were removed at dinner, one of them having become twisted, so as to make pressure on the hand; at night violent—elbow and forearm much inflamed and swollen. Apply 18 leeches and poultices.

July 23.—Refuses his diet. Arm greatly swollen and soft to the touch.

July 24.—Arm well—forcibly fed every day until the 31st.

Aug. 22.—Forcibly fed since the 13th—fastened to his bedstead at night—under restraint during the day—has become dirty in his habits.

Aug. 25.—THE BOOT HOBBLES INVENTED BY DR CHARLESWORTH FOR CONFINING THE FEET TO THE BEDSTEAD WERE APPLIED THIS EVENING.

Sep. 3.—Becoming violent, struck his keeper: two or three attendants were required to secure him.

Sep. 8.—Mischievous and tearing his clothes, muttering to himself—cannot be trusted without restraint.

Sep. 11.—Bruised his right ear by throwing himself against his bedstead.

Sep. 12.—Has a carbuncle forming on his back. Fiat incisio cruciformis tumori. App.: Cataplasm:

Sep. 14.—Abscess on scalp opened.

Oct. 15.—Has a small swelling on his occi-

put, with unhealthy inflammation surrounding it, which is tender on being touched. Apply Linseed Cataplasm.

Oct. 19.—Keeper requires assistance—patient almost always under restraint.

Oct. 22.—So violent as to require three of the keepers to dress him. Is becoming dirty in his habits.

Oct. 23.—To have his allowance of meat withdrawn, and pudding substituted in its place. The same difficulty occurred in dressing him this morning.

Oct. 24.—Continues violent, and bruising his feet by kicking against his chair.

Oct. 25.—Violent, and constantly kicking his heels against the chair in which he is fastened. To prevent further injury to his heels he was placed in bed until a cushion can be made for the front of his chair. 11 P.M.—More violent, and chafing his arms against the sides of his bedstead so as to erode the skin. THE WAISTCOAT HAS BEEN PUT ON, AS THE MILDEST AND MOST EFFICIENT MODE OF RESTRAINT IN THESE PARTICULAR CASES.

Oct. 26.—Had the waistcoat on last night and the whole of to-day. This evening he is throwing his head about in a violent manner. No disposition to sleep; pupils rather dilated; cannot be left for a minute.

Oct. 27.—By constantly throwing up his arms during the night, loosened the waistcoat sufficiently to get it off. The keeper in attend-

ance had to eall up another to assist him in replacing the waisteoat. He has been throwing his head about the most of the night.

Oet. 31.—Restrained to prevent him tearing his clothes.

Nov. 1.—Ear very mueh enlarged, poultiee applied to it; he is eonstantly under restraint, from his disposition to misehief.

Nov. 2.—Covered himself from head to foot with fœees. Ear still much enlarged; poultieed. Some papulæ about the lower extremities.

Nov. 3.—Requires restraint to prevent him tearing his clothes.

Nov. 4.—The ear, whieh was emptied of a large quantity of pus and serum, has filled again sinee last night.

Nov. 5.—Ear again filled with sero-purulent fluid. Continue poultiees.

Nov. 6.—Abseess filled with pus.

Nov. 7.—No change in state of mind; ear distended with pus.

Nov. 8.—Covered himself with fœecs during the night; ear as yesterday.

Nov. 9.—Covered himself with fœeulent matter.

Nov. 10.—Ear continues to diseharge a eonsiderable quantity of pus when opened. Continues to require restraint.

Nov. 11.—Has several sores upon his lower extremities; beeoming dirty in the day as well as at night.

Nov. 16.—Several of the sores are healing; has a sore on his right heel to which a poultice is applied. It was brought on by his habit of kicking the chair, to which a cushion has since been fitted.

Nov. 17.—Abscess of the ear is beginning to contract; there is still considerable thickening of the parts, and some discharge, but not to any great extent. General health better; sores healing fast.

Nov. 18.—Has had a trial made of a petticoat, on account of his constantly wetting himself, causing excoriation.

Nov. 20.—Dirty and wet in his habits.

Nov. 23.—Was eating his fœces this morning when the keeper entered his room.

Nov. 27.—Sores healing.

Nov. 29.—Abscess in the ear discharges again to a considerable extent.

Dec. 2.—Violent and unmanageable; could not be dressed until two additional keepers came to assist his own attendant.

Dec. 6.—Sores on his legs nearly well.

Dec. 7.—Abscess of the ear nearly well, in other respects no change.

Dec. 13.—Is calmer and more easily managed than he has been of late—is led about by the keeper every day. Most of the sores healed.

Dec. 14.—More manageable, and walking in the gallery. He is not able to be trusted without restraint.

Dec. 16.—Quieter, able to wear his trousers.

Dec. 17.—Not so calm, and cannot be trusted without restraint.

Dec. 19.—Becoming dirty again, and requires the petticoat to prevent excoriation.

Dec. 20.—Cannot be trusted at liberty.

Dec. 21.—No improvement; dirty and cannot wear his trousers. Seldom speaks to anyone.

Dec. 22.—Still wet and dirty—does not converse at all.

Dec. 23.—Very dirty—sullen.

Dec. 24.—Sullen, and does not answer questions; very dirty in his person.

Dec. 27.—Much more excited, and requiring the belt.

Dec. 30.—Was not fastened last night, as a trial, but contrived to cover himself with fœces before morning. The walls of his room were also in a filthy state.

Jan. 1, 1833.—Has a wound on the lower part of his body, which appears to have been inflicted with a sharp body. On examining his person nothing has been discovered upon him, nor on any of those patients about him. His straw bed has also been examined without anything being found by which the patient could have injured himself.

Jan. 2.—Very dirty in his bedroom. Wound going on well. He is quite imbecile, and takes no cognizance of what passes around him.

Jan. 5.—The keeper is leading this patient about the gallery.

Jan. 8.—Wet and dirty in his habits.

Jan. 9.—Again becoming more dirty. He is not at all violent, but sits the whole day in a state of childishness, without opening his lips to speak to anyone.

Jan. 11.—In a dirty state, requiring the petticoat.

From Jan. 11 to Feb. 28.—He has been in a childish state, seldom speaking to anyone; has continued wet and dirty in his habits, and to wear the pettieoat—still very misehievous. Has a sore on his left leg, which he is in the habit of scratching.—Still requires restraint.

Mareh 16.—Made so mueh noise in his room last night that it will be necessary to secure him again by his hands and feet to prevent him getting out of bed.

April 19.—Does not vary. He has been calm for a eonsiderable period, but is as dirty as ever.

Now, this case deseribes a state of things which, for the amount of eruelty and mismanagement, it is difficult to conceive eould be surpassed. Here was a man suffering from a disease arising from debility, with sores on almost every part of his person—from his head to his heels, with a earbuncle on his baek, and with papulæ on his legs, deprived of animal food, and, of eourse, all stimulants (stimulants not being allowed in the Lincoln Asylum), and subjeeted to treatment of the most brutal

and horrible kind. No attempt was made to support the patient, although it must have been evident from the poisoned condition of his blood, that he was *in extremis*. Had he been subjected to the rational treatment of the present day—had he been allowed plenty of nourishment, with good food, wine and other stimulants, and abundance of fresh air, in all human probability the degrading and shocking spectacle of a man in petticoats, in a state of mental and physical debility, would have been avoided. For nearly twelve long months was this poor creature under this restraint and torture. The case does not say much for the improved condition of the Lincoln Asylum under my immediate predecessors, nor does it bear out the statement made by some anonymous writers (perverters of history) that in dispensing with restraint altogether I had merely knocked off the last instrument.

The case really proves that the condition of the lunatic at Lincoln was very little, if at all, ameliorated. Imagine a patient reduced to imbecility fastened to his bedstead by his hands and feet simply because he was noisy.

The Report of the Lincoln Asylum for 1838 states that "during the period when restraints were so freely resorted to in this and other asylums, it could be little imagined by strangers permitted to see the condition of only a selected portion of the patients, exercising or engaged in the beautiful foregrounds, or in some of the

eheerful galleries in front, that behind this seene were lingering under restraints sueh a large proportion of the patients."

In the Report for 1839 we have a description of the asylum in its earlier years. It states : " Of the great extent to whieh the general eondition of the patients has been ameliorated some judgment may be formed from a review of its early state. Then might be seen (amidst the quiet and eonvalescent patients) some in strait-waistcoats, or wearing padded iron eollars, heavy cumbrous leathern muffs, belts with manacles, solid iron wrist-loeks, jointed iron leg-loeks, or hobbles ;—or in dresses inappropriate to their sex, to aceommodate habits, whieh the use of instruments eonfining the fingers had too often indueed ; while others were sitting locked in massive ehairs with lime strewed underneath, or were secluded in solitary cells ;—and these cruel substitutes for a steady system of watchfulness, but a prelude to the still greater miseries of nights to be spent under the same wretched system of restraints, painfully sacrifieing the freedom and ease of the patients to the leisure or mis-employment, or inadequate number of the attendants."

Now, in July, 1835, I was appointed Medical Superintendent of the Lincoln Lunatic Asylum.

On entering upon my duties I found every necessary and unnecessary instrument of restraint. I found iron handeuffs, anklets, ehains, straps, tub-bedsteads, with fastening loeks, boot hobbles

called quarter boots, invented by Dr Charlesworth for securing the feet to the foot-board, leathern hobbles, strait-waistcoats, and round towels. I abolished, annihilated them—not *one* of these instruments, but the *whole* of them.

The per-centage of patients restrained for the six years preceding my appointment was as follows :—

1829—54·16	1832—67·90
1830—58·69	1833—50·57
1831—57·14	1834—41·28

From Jan. 21 to June 30, 1835—41·36.

I commenced non-restraint as a point of departure, and as a distinct system, and, labouring under every disadvantage, succeeded so rapidly that the reports for the last six months of 1835, and for the years 1836, 1837, and 1838, were as follow :—

Per-centage of patients restrained

From July 1 to December 31, 1835—19·54

1836—10·43 | 1837—1·53

1838—0·00

But in order that the public may more thoroughly appreciate the onerous responsibilities of my position in carrying out the system I had devised, it is necessary to enlighten them as to the nature of the restrictions imposed on me by the Board of Governors, and they can then judge of the impediments standing in my way.

1832. July 16.—"Ordered, that buckskin and round-cornered buckles be used for the hobbles.

That a leathern belt, for temporary seeurity of patients becoming suddenly violent, be kept in the attendants' rooms."

1832. July 23.—"Resolved, that a pair of quarter boots (suggested by Dr Charlesworth), with rings fixed to the soles, be procured as a night restraint for patients requiring the same."

1834. Aug. 18.—"The Visitor's Report having been read: — Ordered, that the Furnishing Committee do take measures for procuring improved wrist-loeks for day and night use."

About three months after my appointment these wrist-loeks (iron handeuffs), four dozen in number, arrived from Birmingham.

1834. Dec. 29.—"Ordered, that one pair of night shoes (Dr Charlesworth's quarter boots for eonfining the feet) for male patients, and two for females, be procured."

The Eleventh Annual Report, published April, 1835, states that "a further review of the instruments of restraint has reduced them to four simple methods, viz. :—

"Day 1.—The wrists secured by a flexible connection with a belt round the waist."

"Day 2.—The ankles seeured by a flexible connection with eaeh other, so as to allow of walking exercise."

"Night 3.—One or both wrists attached by a flexible connection to the sides of the bed."

"Night 4.—The feet placed in night shoes similarly attaehed to the foot of the bed."

The four simple methods here mentioned were in plain English,—

1.—Iron handcuffs connected by chains to a leathern waist-belt.

2.—Leathern hobbles, locked round the ankles, which permitted the patient to shuffle his feet, and impeding his movements, but not to walk.

3.—Iron handcuffs with chains, which passed through fastening locks at the sides of heavy tub-bedsteads filled with straw.

4.—Boots made of ticking, with rings and chains, which passed through fastening locks at the bottom of bedstead.

The Report further states that "the object of restraint is not punishment but security."

The foregoing orders of the Board, and the Reports of the Lincoln Asylum prior to my connection with it, prove that there was an attempt on the part of the Governors and the medical authorities, and especially by Dr Charlesworth, one of the Visiting Physicians, to mitigate the evil, but nothing more.* Everything in

* Physician's Case Book, July 31, 1832.—Extract.—"It should be a fixed principle in the construction of all instruments of restraint, to prevent, as much as possible, the capability of the patients to effect any injurious change of their positions, or otherwise to increase their severity. . . . With regard to the 'fixing on' of the instruments of restraint, nothing can prevent the dangers of negligence on the part of the attendants in securing the locks, or, what is much more common, the distressing severity of over-caution in tightening the straps, &c., except minute and continually-repeated personal examination by the superior officers in each individual instance, and especially of the cases left for the night."—(Signed) "E. P. CHARLESWORTH."

the shape of restraint is described as simple, whereas, to my knowledge, the instruments in use at Lincoln were quite as injurious and mischievous in their effects as any other description of instrument could possibly be. For proof of this I refer my readers to the details of Case 309. Animal force was said to be the substitute for mechanical restraint, but a greater amount of animal force was used to impose the instrument than was ever required after the instruments had ceased to be employed. It was the struggle and the force used to put on the instruments that *first* suggested to my mind the injurious and fatal effects of such treatment, leading me to abolish restraint. I can well remember visiting the wards of the Lincoln Asylum for the first time. My attention was arrested by a poor old crippled imbecile sitting in a large arm-chair, his hands and wrists being enveloped in poultices. He had been wearing the handcuffs, and the iron had eaten into his wrists, causing inflammation, sloughs, and abscesses. He was dressed in a suit of canvas, and was the very picture of wretchedness. His condition was enough to move a heart of stone. The poor old man was mischievous; at the time I saw him he made many attempts to remove the poultices and eat them, but was otherwise harmless. An attendant was at hand watching him. I felt disgusted. It then occurred to me that if the patient could be managed by surveillance only, after the injury had been inflicted, why not before? My *whole*

and *sole* aim from that time was to abolish mechanical restraint, and I never ceased to exert myself until that great object was accomplished. From the Reports of the Lincoln Asylum, and other documents connected therewith, I shall give the history ;—

Report for 1836, signed R. Pretyman, Chairman and Vice-President.— Extract —" Three successive months (excepting one day) have now elapsed without the occurrence of a single instance of restraint in this establishment ; and out of thirty-six weeks that the house-surgeon has held his present situation, twenty-five whole weeks (excepting two days) have been passed without any recourse to such means, and even without an instance of confinement to a separate room."

Report for 1837, signed W. M. Pierce, Chairman.—Extract : " The present house surgeon, Mr Gardiner Hill, has expressed *his own belief*, founded on experience in this house, *that it may be possible to conduct an institution for the insane without having recourse to the employment of any instruments of restraint whatsoever.* He has certainly made a *striking* advance towards verifying this opinion, by conducting the male (the completed) side of the house, with but a solitary instance of such restraint, either by day or by night, during the course of the sixteen last months, and that applied only for two hours *during his absence.* Nor is it impossible, when the buildings can be finished,

that an example may be offered of an asylum, in which undivided personal attention shall be *altogether* substituted for the use of instruments."

Minute Book, April 12, 1837.—"That the thanks of this Board be offered to Dr Charlesworth for the Report read this day, and that the same be adopted."

Report for 1838, signed by E. P. Charlesworth, Chairman.—Extract: "There is now an increased confidence that the anticipations of the last year may be fulfilled, and that 'an example may be offered of a public asylum, in which undivided personal attention towards the patients shall be *altogether* substituted for the use of instruments of restraint.' '*The bold conception*' of pushing the mitigation of restraint to the extent of actually and formally abolishing the practice mentioned in the last Report as due to Mr Hill, the house-surgeon, seems to be justified by the following abstract of a Statistical Table, showing the rapid advance of the abatement of restraint in this Asylum under an improved construction of the building, night watching, and attentive supervision. *We may venture to affirm that this is the first frank statement of the common practice of restraints hitherto laid before a British public.*"

"Number of the patients restrained, and of the instances and hours of restraint, in eight successive years and nine months, as extracted from the Register of Restraints, established

March 16, 1829, on the plan required by law in Scotland:—

Year.	Total number of Patients in the House.	Total number of Patients Restrained.	Total number of Instances of Restraint.	Total number of Hours passed under Restraint.
1829	72	39	1,727	20,423
1830	92	54	2,364	27,113½
1831	70	40	1,004	10,830
1832	81	55	1,401	15,671½
1833	87	44	1,109	11,003½
1834	100	45	647	6,597
1835	108	28	323	2,874
1836	115	12	39	384
1837	130	2	3	28
1838	158	0	0	0

"This striking progress of amelioration affords good encouragement for persevering in a system so successfully commenced, and the more so, *as a corresponding decrease of violence, accidents, and revolting habits has accompanied the change.*"

Minute Book, March 19, 1838.—"That the thanks of this Board be offered to Dr Charlesworth for the Report read this day, and that the same be adopted."

Report for 1839, signed by R. Elmhirst, M.D., Chairman: "*At last severity of every kind has disappeared through the zealous co-operation of the present house-surgeon, who, by an honest*

and determined application of the means placed at his disposal, has carried out the system of mitigation to the unhoped-for result of an actual abolition* of the practice of personal restraint, not any instance of which has now occurred for a period of more than *twenty-three* successive months."

Minute Book, April 10, 1839.—"That the thanks of this Board be offered to Dr Charlesworth for the Report read this day, and that the same be adopted."

Report for 1849, signed E. Ff. Bromhead, Bart., Vice-President.—Extract.—"The cases diminished with unexpected rapidity, and sometimes weeks or months elapsed without any case at all. At last, under these circumstances, the idea occurred to Mr Hill, that *no case of the kind whatsoever need exist;* and, in the practice, he was determinedly supported by the Boards, *throughout every species of opposition, exaggeration, and misrepresentation, within the Asylum and without.*"

In July, 1838, I delivered my Lecture on the non-restraint system of treatment in Lunacy. Upon that occasion I asserted in plain and dis-

* "In order to become *personally* assured of the effect produced upon the disorderly patients by the substitution of a system of watchfulness instead of restraints, the house-surgeon spent *three hours daily* for 38 out of 40 successive days in the months of March and April of the present year among these particular patients and their attendants, and had the satisfaction to witness good order preserved, without either violence or intimidation on the part of the latter, throughout the whole period."

tinct terms, "that in a properly-constructed building, with a sufficient number of suitable attendants, restraint is never necessary, never justifiable, and always injurious in all cases of lunacy whatsoever." I gave, as the substitute for coercion, classification and watchfulness, and vigilant and unceasing attendance by day and night. I enjoined kindness, occupation, and attention to health, cleanliness and comfort, together with cessation of all occupation that did not tend to the immediate benefit of the patients.

I showed the practicability of the system, and offered to carry it out in any asylum in the kingdom; and, in concluding the Lecture, expressed a hope that the Legislature would not deem the subject unworthy of its consideration. The system was quite new; it had never been broached before. Pinel, although he had released some of the inmates of the Bicêtre from chains and dungeons, had taken the precaution to substitute camisoles (strait-waistcoats) for iron manacles.*

The reports of the Lincoln Lunatic Asylum state that "Mr Hill was supported in his practice by the Boards through every species of opposition, exaggeration, and misrepresentation, within

* "Pinel did not venture on unrestrained liberty; yet it was a grand step in advance to substitute a linen jacket for a yoke of iron. It was reserved for England to be the first to attempt the total abolition of physical restraint.

"I believe the Lunatic Asylum of Lincoln was the first to discard its use altogether."—'Notes on Lunatic Asylums in Germany and other parts of Europe,' by W. F. Cumming, M.D.

the asylum and without." Within the walls I had the whole staff of attendants against me. I prevailed over the attendants by going amongst them and personally superintending the refractory patients. I spent several hours daily in the disorderly patients' wards for weeks in succession—in fact, I watched the attendants and the patients until I felt satisfied that restraint was simply a pretext for idleness, and nothing more. When restraint was abolished, then ceased the reign of "guttling, guzzling, and getting drunk by the attendants," as had been the case under former management.

Outside the asylum I had the whole medical world against me. The superintendents of several of our largest asylums opened a regular battery upon me. I was assailed right and left. The "Hillite system," as they pleased to term it, was denounced as "Utopian." By one it was called "an absurd dogma,"—by another, "a gross and palpable absurdity." Some fulminated against it as "the wild scheme of a philanthropic visionary, unscientific and impossible;" by others, as the raving of a theoretic philosopher, involving the unnecessary exposure of the lives of the attendants—in fact, *a practical breaking of the Sixth Commandment.* Others, more moderate in their views, denounced it as speculative, peculative, etc., etc. Dr Clutterbuck rhetorically condemned it as "empirical and highly dangerous to the patient and to those around him." Dr James Johnson said "it indicated insanity on the

part of its supporters; it was a mania, which, like others, would have its day": and Monsieur Moreau de Tours said that "the idea was entirely Britannic; that it was *an impossibility in most cases, an illusion always, and the expression itself a lie.*"

Now it is well known that I had for a long time to bear the whole odium of the attack: not a soul came to my assistance,—not even Dr Charlesworth, who has been brought forward by some anonymous scribblers as the originator of non-restraint. If Dr Charlesworth had been the moving cause, could he have remained a silent spectator throughout?—would he not have claimed the original idea? He never did; and he never, although my warm adherent in the earlier days of non-restraint, hoisted me above, by penning a single line to any one of the numerous medical periodicals of the day. If it had not been for the encouraging remarks made by the Editor of the *Lancet* from time to time, I must have retired from the scene of my labours altogether. At length Mr Serjeant Adams came to the rescue as my advocate, and by his powerful aid and the letters he wrote to the *Lancet*, as "Looker-on," the system was no longer a dream but a success. It was this gentleman who induced Dr Conolly to visit the Lincoln Asylum, and it was he who carried Dr Conolly through all his difficulties at Hanwell. About the time that Dr Conolly was prosecuting the system at Hanwell, Mr Gaskell introduced it at

the Lancaster County Asylum with 600 patients, although prior to its introduction at either of those institutions it had been adopted by Dr O. Pritchard at Northampton. As a proof of its immediate results, it is only necessary to observe that, after its introduction at Lancaster, no less than nineteen tons weight of iron bars, gates, and paraphernalia connected with restraints were completely removed from the building.

This abolition of mechanical restraint has been productive of incalculable good; the number of recoveries has increased, whilst the deaths and cases of injury, whether homicidal or suicidal, have considerably decreased. At Lincoln not a single instance of suicide occurred during the five years of my official residence. Acute mania has since become as manageable and curable as before it was irresistible and fatal. It was stated at an inquest at Bethlehem Hospital, after the non-restraint system came into play, that suicides had decreased by 80 per cent. During the restraint period patients were frequently strangled in strait-waistcoats and other instruments; whilst of two patients restrained at York Asylum, one was murdered by the other.

Accidents from violence will occur occasionally in Lunatic Asylums, as elsewhere; but I do not believe that any accident has arisen from the absence of mechanical restraint. When restraint was employed, it was generally before or during the time of its application that injuries were inflicted. The largest number and the most

serious cases of violence which have occurred lately have been in the larger asylums. It is not to be expected but that in vast wards, with a great number of patients, these will occur in spite of all precautions; but this must be regarded as being in the order of things. Let any one stand on London Bridge for one hour of every day and count the number of black eyes that pass over it, he would cease to be dismayed by the occasional exhibition of such marks of violence in a Lunatic Asylum. If liberty generates such trifles, who is the man so thin-skinned as to shudder at its occasional manifestation among the insane? The proportion of attendants in large asylums is much less than in the small, and the medical supervision necessarily less complete, and, in many instances, insufficient. Asylums are quite large enough if they contain from three to four hundred patients. There are no lunatics so well attended to as those in the moderate or small-sized establishments.

At page 47 of Dr Conolly's work on the 'Construction and Government of Lunatic Asylums,' published in 1847, a case is described so very similar to the one which induced me to abolish restraint at Lincoln, that I shall extract it *verbatim*.

Dr Conolly says, "Perhaps if I had never seen such a case, I should have been less earnest to adopt the system which I knew had been tried at Lincoln, and slower to try to manage

the patients of this great asylum entirely without restraints."

Case.—"In the female infirmary at Hanwell, exactly seven years ago, I found, among other examples of the forgetfulness of what was due either to the sick or insane, a young woman lying in a crib, bound to the middle of it by a strap round the waist, to the sides of it by the hands, to the foot of it by the ankles, and to the head of it by the neck. She also had her hands in the hard leather terminations of canvas-sleeves; she could not turn, nor lie on her side, nor lift her hand to her face; and her appearance was miserable beyond the power of words to describe. How long she had been in this state it is not material to record. That she was almost always wet and dirty, it is scarcely necessary to say. But the principal point I wish to illustrate by mentioning this case is, that it was a feeble and sick woman who was thus treated. At that very time her whole skin was covered with neglected scabies, and she was suffering all the torture of a large and deep-seated abscess of the breast. Let it be considered what must be the effect on the attendants of having customary recourse to the imposition of restraints, when such complicated suffering as this became comparatively disregarded by medical men, in consequence of the spectacle presented to them being, at each visit, not that of a sick person requiring aid, but of a dangerous lunatic cruelly fastened and bound. But this patient was

neither dangerous to herself nor to others. The excuse alleged for this mode of treatment was, that she would eat the poultices employed, and which contained lead, and that she was very mischievous: that was all. However, she was liberated; no bad consequences followed; and in a few weeks I saw the poor creature at the chapel, and even heard her play the organ, which she had been accustomed to do in the church of a village in Middlesex before her admission."

An anonymous attack having lately been made upon me in one of the daily papers, I shall take this opportunity of making some observations in reply. I have never meant by the term "non-restraint" a mere substitution of bodily strength as an alternative of manacles and strait-waistcoats, nor is it any business of mine to do more than to protest against its existence. So far from wishing to "hoodwink" the public on the point, or conceal the fact that broken ribs and even loss of life are still the frequent consequences of restraint, I would desire that the public should know every such case, and to agree with me in opinion that every such case is unwarrantable.

I have never claimed more than the anonymous writer gave me credit for, viz., that the mechanical instruments, *et id genus omne*, were annihilated by me in my treatment of the insane, a firm and gentle control being the substitute; and I do not think any man can expect to reap a greater reward in his generation. There was

a time when strait-waistcoats, manacles, and other instruments of restraint and torture, together with bodily strength, were recognised as a distinct and acknowledged refuge. I smote it with a rod of iron, and established treatment by the means of gentleness and kindness. These were my weapons. This has led to change in every detail in asylums :—in fact, the present system of management, when compared with the old system, is as different as railway travelling is from the four-horse coach mode of olden times. Perhaps, however, my anonymous opponent would not admit that Stephenson introduced any new system of locomotion, because he did not introduce travelling itself. I think he did.

As to Dr Charlesworth, I think it necessary to state that he *never* made any experiment on any patient for the *abolition* of mechanical restraint. He *never* suggested the possibility of doing without it, he *never*, more than any other governor or physician, seconded the slightest approach to any experiment of mine ; he never eulogised me, except if saying what is simply true be eulogy. The report in which he accords to me " the bold conception " was not, indeed, his report alone, but that of a whole Board over which he *occasionally* presided. The fact that he signed a report, recognising the originality and success of my work, is sufficient evidence that he was conscious of my claims, and that the Board recognised them at the time. In



short, the reports of the Board in referenee to me were aets of simple truth and duty. Herc lies the strength of my ease. The reports spontaneously written, reeording matters of eurrent history, eannot be eorrupted, nor ean the most eunning sophistry distort the faets declared in relation to me.

I must repeat that I was not subordinate in any sense to Dr Charlesworth, that all instruments of restraint and moral management were in my hands, and that between Dr Charlesworth and myself there was the same relationship as between myself and every other visiting physieian of the Institution—no more, no less. I affirm that I have never done Dr Charlesworth any wrong in thought, word, or deed, that every time when I have asserted my true position, I have kept absolutely to facts, and that what the anonymous writer ealls my intermittent and exeited exelamations have never occurred at my instanee, but have invariably been the simple replies to " the intermittent and excited exelamations " whieh a few jealous eontemporaries, generally undcr the cover of the anonymous, have fulminated against me.

The statement of the anonymous writer that my part of the reform in the treatment of the insane eonsisted in abolishing the few remaining instruments of restraint which Dr Charlesworth's reforming zeal had left is sueh embittered perversity of faet it requires a man to be a psyehologist to understand the order of mind

that could write it. When I entered on my duties at the Lincoln Lunatic Asylum, I found the several instruments of restraint as before enumerated. I think my readers will agree with me that these instruments were at all events quite sufficient to mark a system of treating the insane founded on the firm belief of the necessity of mechanical restraint. *

Previous to my effort, no Superintendent, Physician, or Governor, ever before, as far as we have records of asylums, ventured to live, move, and sleep in an institution charged with insane persons, every inmate being always equally as free as himself from all mechanical impediment. Now, I voluntarily, nay, in direct opposition to the act, accepted all the risk of that experiment. I withstood the superstitions, the fears, the threats of the attendants, who thought themselves endangered. I accepted the further risk, with my eyes wide open to it, that if any accident had followed the experiment, if any patient set free had committed suicide, if any patient set free had committed homicide, not Dr Charlesworth, not any physician, nor any

* It is admitted in the Report of the Lincoln Lunatic Asylum for 1869 that, prior to the abolition of restraint by Mr R. Gardiner Hill, the amount of restraint at that Asylum was "enormous." In my work on the Non-restraint System of Treatment in Lunacy, I mentioned that the condition of the Lincoln Asylum had retrograded, owing to its being under the superintendence of a worthless, drunken reprobate ; but I am happy to state since his removal, and now for a great many years past, the management, under the able superintendence of Mr F. D. Walshe, has been all that could be desired.

governor, would have borne the responsibility; it would have been borne exclusively by the house-surgeon, and that house-surgeon was myself.

And here, in plain language, lies the mere point of credit I ask for: that, in fact, I did not think of modifying restraint or lessening its evils, but that I *did away with it altogether.* Previous to my time, in the colonies for the insane all over the world, the chain and the slavery accompanying it were considered necessary principles of government. They might be humanised, but they were absolutely required. In one of the colonies I ventured to introduce perfect emancipation. When the proceeding was small, when it was in its first days, I was the recognised author of it, and anathematised for being so. When it began to extend from one colony to another, I was recognised and complimented. When, as now, the results of the change have flowed like a sea, and set free from the chain and the slavery of it hundreds of thousands of our most unfortunate fellow-creatures, whose afflictions are their own, but not of their own seeking, the attempt is made to deprive me of the honour and glory of my labours.

I should not have made these observations but for the fact that my reply to the anonymous writer in a daily paper was refused admission—a very unfair proceeding, considering the attack had been admitted.

But who has been the main cause of this and other attacks? I unhesitatingly answer, the late Dr Conolly. He it was who associated Dr Charlesworth's name with mine without any authority from me for doing so. He was, I know, a friend of Dr Charlesworth, but friendship ought not, particularly in matters of history, to over-ride truth. Dr Conolly, in reviewing my book on non-restraint, spoke of my praiseworthy plans—plans which, if they were even to fail, it would have been no dishonour to have tried. Yet Dr Conolly, in after years, in face of all history, designates Dr Charlesworth "the father of non-restraint."

I shall here give some extracts from the late Dr Conolly's works, and the first will be from his review in the 'British and Foreign Medical Review' for January, 1840.

"We are perfectly aware that Mr Hill's statements will be received in many lunatic asylums with surprise, and even with incredulity." (Page 155).

"If Mr Hill's cases lose any portion of their persuasive effect in consequence of his own zealous and successful efforts (a most unjust but not uncommon consequence), the testimony of those is not wanting who, without being committed to the abolition of restraint, are well known to have endeavoured to improve the management of lunatics. The excellent management of the Nottingham Asylum, under its able and humane Superintendent, Mr Powell,

is so well known, that we cannot but regret to see the somewhat offensive term *Utopian* applied in the Nottingham report to Mr Hill's praiseworthy plans; plans which, if they were even to fail, it would be no dishonour to have tried." (Page 165.)

The next extract is taken from the article "Lunatic Asylums" in the supplement to the 'Penny Cyclopædia,' and reprinted in Dr Conolly's work on "The Construction and Government of Lunatic Asylums."

"Mr Hill's lecture, which contains much that is exceedingly interesting upon this subject, has the following sentence, which has been the text on which all the controversy on the abolition of restraint has been founded: 'In a properly-constructed building, with a sufficient number of suitable attendants, restraint is never necessary, never justifiable, and always injurious in all cases of lunacy whatever.' This sentence, when published in 1838, was declared, even by those most inclined to the new system, to be too decided, and likely to produce a bad effect; but fortunately the lapse of eight years has proved its *perfect truth*, by its adoption as a principle in all the most important asylums in the kingdom. But the upholders of the old system received the announcement of *a doctrine* so startling as if there were something atrocious in proposing to liberate those who were unfortunate enough to be insane; and for years after restraint had been actually abolished, the non-

restraint system was declared 'Utopian' and impracticable ; then declared to be practicable, but not desirable ; and at length, when every other argument has failed, those who have so strenuously opposed it come forward and claim it as their own system, which they have been practising for years, except that it was carried a little further." (Page 171).

The next and last extracts are from Dr Conolly's work, 'The Treatment of the Insane without Mechanical Restraints.'

"*At last, in* 1837, *Mr Hill expressed his confident opinion that mechanical restraints might be altogether abolished. And thus the non-restraint system became established.*" (Page 178).

"In various asylums, some attention had been drawn to the subject of Mr Hill's lecture ; but I had observed that *his views* were received unfavourably, and sometimes in a spirit of hostility, or even of ridicule ; and I found them by no means favourably regarded by the Medical Officers at Hanwell." (Page 178).

"Neither the successive Superintendents who adopted it, nor myself, ventured to say, with Mr Gardiner Hill, that a case might not possibly occur in which the rule of non-restraint must be departed from ; but they and I equally well knew, or gradually learned, that in a well-constructed and well-governed asylum, with proper attendants, such a concession need scarcely be made. The experience of the years which have

passed over since the experiment began, has fully confirmed this confidence." (Page 291).

"It is also to be observed that whilst the opponents of the non-restraint system have always been *non-resident* officers, the great measure of the abolition of restraints was only at first ventured upon by *resident* officers, whose constant observation gave them full assurance that it was safe." (Page 299).*

I may also quote from Dr Conolly's fourth Report of the Hanwell Asylum (1842), wherein he says that the management of a large asylum is not only practicable without the application of bodily coercion to the patients, but that after the *total* disuse of such a method of control, the whole character of an asylum undergoes a gradual and beneficial change. I may supplement his statement by his own admission "*that he had adopted the plan from the Lincoln Asylum.*"

It is clearly stated in these extracts that the plans for abolishing restraint were mine, and that they were both "novel and startling." This being so, Dr Conolly could have no ground for associating Dr Charlesworth's name with mine beyond Dr Charlesworth's own *ipse dixit.* I

* Here Dr Conolly admits that the abolition of restraint could only have been ventured on by a resident officer. Neither Dr Conolly, nor Sir James Clark in his memoir of Dr Conolly, give any evidence whatever for assuming Dr Charlesworth to have been in any way instrumental to its abolition.

have always repudiated the association, and I always shall do so.

Sir James Clark, in his memoir of the late Dr Conolly, seems to have applied to and obtained his information from parties who could not have been personally cognisant of the facts as connected with the origin and early carrying-out of the non-restraint system. In truth the parties who could have supplied him with correct information on the subject were not sought after. Sir James Clark in that memoir states that Dr Conolly lived to see *his* system (the non-restraint system) approved and ~~initiated~~ imitated by all whose approval was worth having throughout England. Now, as Sir James Clark has acknowledged in other parts of the memoir that Dr Conolly adopted the system from Lincoln, Dr Conolly should have been recognised as one of those who approved and imitated the system *and not as the author of it.* The authorities of the Lincoln Asylum seem to be aware that Sir James Clark has done the Lincoln Asylum an injustice, for they state in their report for the last year that he has described that establishment as "a small one," whereas they say "the asylum contained 130 patients, and was quite large enough to develope the system which Dr Conolly afterwards introduced at Hanwell."*

* The observation of Sir James Clark, that "no one who reads the accounts of Dr Conolly's labours at Hanwell can doubt that he would have introduced non-restraint into that institution if he had never heard of what had been done at Lincoln," is, as I think Sir James on re-

Great merit is due to Dr. Conolly for having adopted the system of another, and for having carried it out on a large scale; but equal merit is due to Mr. Gaskell, a retired Lunacy Commissioner, for having introduced it at Lancaster, that asylum being almost as large as Hanwell. From that time the system became gradually adopted; but it was the Commissioners in Lunacy who put it on a firmer basis by removing patients subjected to severe restraint to asylums where restraints were not employed. I remember a case being sent from Bethlem Hospital to Lincoln. The patient at Bethlem was always under restraint, whereas at Lincoln she was perfectly free to go about the house and grounds, and was, almost from the commencement of her sojourn there, entrusted with a key.

Now, let us turn from this subject, and from

flection will himself see, the earnestness of friendship carried to forgetfulness of history. On such a supposition the claim of priority may be accorded, in direct opposition to facts, to anyone who may follow those who originate and demonstrate new systems. I need not press this point further, but I cannot avoid making one other remark. Dr Conolly was many years older than myself, and was engaged in the study of lunacy earlier than I was. But it is the fact that he never in his practice, although he must have had ample opportunities at Warwick, made a single step towards the system of non-restraint until September, 1839, that is, nearly three years after I had proved and established the practice. Indeed, the first article on non-restraint by Dr Conolly was a review of my work, "On the Total Abolition of Mechanical Restraint in the Treatment of the Insane," in the 'British and Foreign Medical Review.'"—(Letter from myself, 'Standard,' August 31, 1869).

the dreary theme of wrongs inflicted and endured through successions of generations to that brighter era when the day-star from on high, as it were, visited us, and when juster views, under the providence of God, first taught the greater lessons of humanity in our treatment of our fellow-man. That era may be unquestionably assigned to that period when we proclaimed, as it were, with one voice, the abolition of mechanical restraint. It was then, and then only, that we can be said to regard the sufferer as a part and parcel of ourselves. We may have in the past acted according to the light that was in us; but alas! that light was all but a Cimmerian darkness. We thought we had done our duty when we had given a little additional security to the leg locks, or imposed tighter manacles on voluntary motion. The darkened cell and the strait-waistcoat were ever ready to our hands, and rough-and-ready keepers always at command. The natural consequence of such a system, independent of its direct cruelty, was to beget a spirit of indifferentism in the minds of the sane, of hopelessness and dread on those of the insane. All were alike smitten by one demon or another until the old Adam was thrown off, and the reign of liberty for all sorts and conditions of the insane installed in its place. This great triumph of light over darkness, of knowledge over prejudice and ignorance, was not consummated without encountering sturdy and uncompromising opponents. Now

that the fiat has gone forth, and that there can be no return to the revolting and desolating past, it may not be uninteresting to sketch what is really comprised in all that appertains to the non-restraint system.

It is necessary to premise that the glory of having emancipated man from a degrading thraldom is not precisely and exclusively limited to the abolition of mechanical restraint. Non-restraint signifies means to an end, and that end must always be the cure or the amelioration of the patient. We have lived to see restraint emphatically extinguished; but we must not take a narrow view of our duty in supposing that nothing more remains to be done. The wise physician on putting on his harness has the highest duties to perform that can be committed to him by his fellow-man. He it is who is to supply eyes to the blind and feet to the lame. His is the mind that is to administer to the lost sheep—to console, cheer, and identify himself with him, even in his vagaries. In his hands is deposited the balm of Gilead, and from the just application of it he will derive his great reward. To feed the hungry, to clothe the naked, and to visit the sick, becomes, in a supreme degree, the province of him who, it is to be hoped, from pure love of the vocation consecrates his life to the enterprise.

The wants of the insane can, with difficulty, be placed in any well-defined category; they resemble the wants of the outside world, with

sundry and varied additions. Warmed by the same heat and chilled by the same cold, they nevertheless present their peculiar phases. The peculiarities arise from states of feeling or processes of thought. They ought always to be respected, even if they cannot be gratified. To turn a deaf ear to their complaints, to exhibit either a churlish or indifferent demeanour, may often prove an outrage not readily forgotten. The wise physician, with eyes and ears open, ought to be the trusted friend of the patient. How much is to be accomplished by kindness of manner none know but those who have had charge of a lunatic asylum !

But whilst the rule of kindness must constitute the key to the proper government of the insane, it must not be forgotten that tact is a most invaluable auxiliary, as the following case will exemplify :—A physician labouring under confirmed mental imbecility, and under ordinary circumstances tranquil and harmless, conceived the idea that he had received a commission from above to wage war against the windows of his apartments, and, accordingly, in obedience to the charmer, he very soon commenced the work of demolition ; no sooner was one pane replaced than it was made to follow its predecessor. The glazier was in constant request, and the nuisance became an aggravating one. It was necessary to adopt some decisive step to arrest it. Under the old system a shower-bath and a strait-waistcoat would in all probability have been brought into

play, but a much more judicious expedient was resorted to. The Superintendent kindly intimated to the patient that he was very desirous of having a little chat with him in his own private room—a ready response came, and, after a conversation *de omnibus rebus* the broken panes were referred to. Then came the admission why and wherefore he had so acted, whereupon the Superintendent assured him, rising for the nonce from his chair and putting the key into his drawer, that whilst he, not disputing the patient's commission, nevertheless held a superior one, duly signed and sealed, of a much older date, forbidding such excesses. "Have you, indeed?" was his ejaculation. On its being offered to be produced, he at once said, I will not trouble you—I believe all you state, and I give you my word that I will never break another pane of glass wilfully — a promise, be it said, that he religiously observed.

As another instance of tact, I will give the particulars of a case as they were narrated to me by a physician. A gentleman conceived that the boundaries of the asylum grounds, covering over forty acres, were insufficient for his liberty of action, and served to remind him that he was under restraint. What would you say, said the Superintendent, if you had the whole county added to your domains with the understanding always that you observe the hours of meals, and return before dark? I should be delighted, was the reply. This additional privilege satisfied him

for several months, and before it was necessary to add another county the improvement was such that he was able to return to his friends in all respects an altered and wiser man. Promises of this kind may often be advantageously made, and, by a careful study of the character of your patient, may in numerous instances be beneficially exercised. But it would be doing only scant justice to him who afforded the materials for this anecdote thus cursorily to part company with him. He, be it known, has greater merits, and if, as Dr Johnson has said, "all merit has a right to be recorded," I may be pardoned for dwelling a little longer on his case. He was a man of studious and reserved habits, with a peculiar aptitude and proneness for what may be termed philosophical speculation. His friends were iron-masters, residing in what is familiarly known as the Black Country, where indeed he had himself passed some years of his life. The bent of his mind led him, on being introduced into his new home, to ponder on its geological strata. It was during his solitary peregrinations in the neighbourhood that he arrived from one process of thought to another to the conclusion that the stone that met him everywhere contained a large per-centage of iron. Thoroughly impregnated with this belief, he never missed his opportunity equally to indoctrinate the minds of others. The ball was soon thus set rolling. Resolutions to smelt the stone were quietly adopted—with the happy result of demonstrating

his conception to be, not a theory but a fact. A brilliant success has flown from this apparently insignificant origin—a new industry has been developed, whilst some eighty square miles of country previously devoted to agriculture were now added to the mineral wealth of the kingdom, enriching not only the fortunate owners of the soil, but throwing broadcast its showers of benefits on hundreds and thousands of labourers. If thrice happy are they that give, doubly blessed are they who now receive from the genius of a man smitten by the direst of calamities such inestimable advantages—destined henceforth to be a legacy for future generations. If he never lived to reap a Parliamentary reward, the world should, nevertheless, know to whom it is indebted —to a mind temporarily eclipsed and secluded under the mild system of non-restraint. To all exercising this vocation of the healing art, this case ought to be highly encouraging. The moral teaches us that we should leave no means untried for the creation of even unexplored sources of interest. He is the wise physician who, in dealing with the "mind diseased," is the swiftest to appreciate the hidden springs of strength and weakness, and to supply the fitting aliment. If he cannot always raise up an ideal standard by supposing that he is harbouring a Newton in disguise, he may from this recorded anecdote take courage and perhaps be able to realize that within his own domain there dwells one able to extract bread from out of a stone—

the true discoverer of that better secret which rebuked the philosophers of old.

The establishment of asylums throughout the kingdom for all classes of the community has been attended with the happiest results. If abuses have been discovered, they have been discovered only to be corrected. Placed under a rigid inspection, the public have now a guarantee against wanton and improper confinement—perhaps, indeed, in our natural dread of this possibility we have erred in the other extreme by the needless multiplication of safeguards—injurious to the patient and more or less harassing to his friends. Not without reason, be it said that the latter will often shirk their duty rather than have recourse to the extreme course of proper custody, from a belief that they are possibly bringing down upon their heads the risk of an action-at-law. I am myself so far cognisant of this state of feeling as to be able to aver that there are persons at large who should be under control, both for their own good and that of the community, and who would be so but for that apprehension. To dissipate it, all that is necessary is to recognise the legal validity of the documents upon which a patient is received AFTER they have passed the ordeal of the Commissioners, and that, *ipso facto*, no legal action should lie.

I am aware, of course, that this legal enactment is intended as a shield against possible criminal acts; but when we fully consider how

greatly jeopardised would be not only the physician of a licensed asylum, but also the outside members of the profession, we may surely get rid of it. "Ce ne vaut pas la chandelle."

Let it not be supposed that the inconveniences thus referred to are imaginary; they really have deep ramifications, and smite, without partiality, all who are signitaries to the proceeding. Hence it happens that some medical men absolutely refuse to sign such certificates on the ground that they are thereby not safe from future proceedings in a law court to vindicate their acts; whilst the friends of the patient govern themselves on the same principle, preferring to "bear the ills they have rather than fly to others that they know not of." Meanwhile, what is the fate of the invalid? Left necessarily thus to his own devices, his hand against every man and every man's hand against him, his future career is too often but a continuous lapse from degradation to ruin. Some relaxation in this part of our lunacy law has always appeared to me to especially recommend itself.

Once landed in an asylum, a new life opens upon him, which, as a rule, he takes kindly to, because he sees the law of kindness in the full swing of its operation. An atmosphere of association surrounds him, and now free from the carking cares of the outside world, he begins to feel that he is in a new home with new surroundings. Discipline and order,

"Heaven's first law," reign everywhere. What is designated as care and treatment may now be said to commence, the treatment resolving itself under two heads—medical and moral. His general health may be so good as not to require the aid of drugs, but rather the eyes of vigilance, for it would be as yet premature to fathom all that is passing in that disturbed brain. In this, as indeed in all other cases, we are permitted to trust to the hopeful influence of time. Change of air, change of scene, change of surroundings, may be expected to produce much ; change of habits, together with change by scintillation, as it were, with other minds, will produce more, until the novice is gradually moulded into new impressions, however dimly and darkly he may scan the past or the present. The step which has detached him from home and other injurious influences is now fairly put upon its trial—that trial which is probably destined to bring "healing on its wings." True the process may be tardy, but it dates from his entrance on the new life ; true, also, it may never be complete, but the foundation is at any rate laid that culminates in the comfort of himself and his belongings, for it may be safely said that that home knows no peace which nurses within its walls the sufferer from mental disease. And could we only realise the fact that our mistaken kindness in keeping him there is fraught with the chances of putting an extinguisher on his ultimate recovery, we should not now have to deplore the

number of lifelong cases so made by following a false, fatal, and obstructive policy.

I would by no means have it inferred, however, that I attach but little importance to medicine in the treatment of the insane. At one time I thought it useless, but I do not now. I fully recognise its necessity when that necessity arises; but I own to a liking for other agencies, on the principle that, as there is no royal road to learning, neither is there any *specific* road by which we can gain access to a disturbed brain. I give a preference to generous diet, with or without stimulants, according to circumstances, pure air, exercise, and occupation. "These be your gods!" enumerated very much in the order of their importance—the rest, physic included, is by comparison, very much like "leather and prunella."

It is worth while to devote a little consideration to these different headings, for though it may be supposed that all the world knows what they mean, all the world outside an asylum does not know how comprehensive they are.

1. Generous diet implies a daily supply of animal food with different vegetables, varied as much as possible, and supplemented from time to time with fish, fruit, and farinaceous compounds—well cooked and well served, and in sufficient and adequate proportions, so that no one at the conclusion of the repast shall be able to say that he has not had enough. The great meal of the day being thus despatched, the three

other and lighter meals need not detain us; all making their appearance with scrupulous regard to cleanliness and punctuality.

But it sometimes happens that with the best of catering we find some unable to appreciate the provided cheer. If this arises from sickness it has, of course, to be specially treated by appropriate diet—if from other causes it marks a phase that demands our gravest attention. As an illustration, I will give the two following cases:—A clergyman, thirty-two years of age, who had recently recovered from an acute attack of mania, became impressed with the illusion that he had no stomach—that it was therefore useless to eat, because he had no receptacle for his food. With this conviction he persistently refused all aliment. No coaxing could shake his resolution, and thus, calmly talking of his condition, he wandered to and fro, the picture of misery, with daily diminishing bulk and power. It was patent that his inflexibility must be energetically combated, for there seemed no alternative between artificial feeding or slow death. Before, however, resorting to what may not be inaptly described in the healing art as the *ultima ratio regum*, a doubtful experiment was projected. There was in the house a lady well known to him, in a state of convalescence after long illness, who was in the habit of cooking her own mutton chop, and the cue having been given to her for his reception he was invited into her room to see how she ate; he readily consented, witnessing the

whole process of cooking, and whether from the ascending aroma of the meat or other causes he never left that room until he had followed that lady's example—consuming his full share of the meal with an avidity and relish truly surprising. From that time forth the stomach was proved to have an existence—his scruples about eating vanished, and such are the changes in this changeable world, that from being a man of moderate appetite, he now became absolutely voracious. He lived two years afterwards, being then carried off by an explosion of epilepsy.

The other case was that of a young female with many similar phenomena, but terminating in a very different issue. Under some religious delusion she had made a vow not to eat for forty days and forty nights. Undaunted by all persuasion, and proof against every ordinary device, procrastination in the use of the sole remaining remedy became dangerous. For three successive weeks did she tranquilly submit to the introduction of the instrument, of her own accord presenting herself night and morning to the manipulator, until at last her resolution yielded. The food introduced was three quarters of a pint of beef tea thickened with flour, an egg, and half an ounce of brandy, night and morning.

This exceptional treatment may sometimes be averted even in these exceptional cases—by such devices as variety of food, of depositing it in the bedroom of the patient, or in other places which may attract his attention. He will thus occa-

sionally appropriate it, particularly if he thinks it belongs to another—thus establishing, as it were, the existence of such a disease as "klepto-mania"—or an innate propensity to confound the distinctions between *meum* and *tuum*.

2. Pure Air.—By this term I do not propose to limit my observations to the mere chemical elements of oxygen and nitrogen that enter into its composition. A prison or a hermitage could boast of these. Our vision is more comprehensive, because it embraces an acreage of green fields, shaded walks, "with a brotherhood of spreading elms," and all that the poetry of life can furnish in a well-cultivated garden. The mind that can muse on such objects can never be said to be wholly alone or out of the world. A celebrated rustic poet who came under my particular observation some years since, and who spent the last twenty-five years of his life most happily in an asylum, graphically described his state of feeling in this expressive line:

"Where flowers are, God is, and I am free."

The pure air imbibed in such contemplations affords the patient much mental tranquillity, if it merely reconciles him to his lot. The freedom of the outside world is here displayed in miniature: he feels himself a guest and the physician to be his host.

But let me not be misunderstood by appearing to put the cart before the horse. Great as are

the advantages we have been enumerating, we must never forget that as by far the larger portion of our existence is spent in the house, the preservation of pure air is here to us invaluable. That preservation is impossible unless it be by courting the breeze from without—all artificial systems of ventilation are nugatory in comparison with what we derive from doors and windows. The health, comfort, and well-being of all the inmates is comprised in the comprehensive word —fresh air. Smells that war against the olfactory nerves must find no existing place here.

3. Exercise.—This is one of our sheet-anchors in the treatment of insanity, and as such its daily encouragement should constitute one of the canons of the establishment, as the two following cases will exemplify:—A clergyman, both erudite and exemplary in all the relations of life, was smitten with an attack of acute mania, and for eighteen months was an inmate of a metropolitan licensed house. His case was then pronounced to be without the pale of recovery by several of the most eminent members of the faculty in London. His insanity assumed that type which may be described as violent and abusive, and arrangements were at once concluded to transfer him to another institution. His treatment had consisted in giving him a handsome sitting room and in supplying him with the literature of the day, with occasional daily walks in a small contracted garden in company with an attendant. Asso-

ciation with kindred minds was not put in practice. Hence, in his new abode, an opposite policy was determined on. He was, even in his madness, penetrated with a high sense of conscientiousness, and if he gave a promise, he would, as a clergyman, observe it. Under these circumstances it was not difficult to come to terms—those terms being that he should have the privilege of exit and entrance, upon the condition that he would not depart from the boundaries of the place. But though it was a great relief to be able to make such an arrangement, it must not be supposed that the Physician had an easy berth of it. He conceived the idea that his medical friend was as deeply involved in the conspiracy against him as those he had left behind, and hence, in his daily interviews, it was more or less desirable either to shirk or curtail them ; if he thought you were manœuvring to get clear of him, he would in a stentorian voice shout out and follow you with some scriptural phrase, such as " The wicked fleeth when no man pursueth," or it might be if you contented yourself with a simple good morning and passed on, " Great is Diana of the Ephesians." Thus time rolled on—he continuing his exercise of five or six miles a-day, whilst everyone was rejoicing to be spared the noise of his presence. In eight months afterwards a more tranquil frame of mind supervened —he became more sociable, and was prevailed on to write some poetical effusions which pos-

sessed suffieient merit to be printed ; having the pen of a ready-writer, his versifieation was eonsiderable, the upshot of it all being to restore him to the performanee of his elerieal duties that had thus been so grievously interfered with. This happy termination has never been interrupted ; he is now, 1870, fulfilling all the duties of a country elergyman in the most effeetive manner, esteemed and appreeiated by all who know him. After this, may I not say, *Nil desperandum.*

The details of this ease would be but imperfeetly narrated if I omitted all allusion to a remarkable phenomenon that this faeulty for versifieation developed in the minds of other inmates—a mania for rhyming met you at various corners most unexpeetedly—pen, ink, and paper then reigned at the top of their bent ; everything was so epitomised in this demand that I am not sure whether the ejaculation of Juvenal, "*Quam miserum est cum tot ubique vatibus occurras,*" was not put by the spiritual pastor and master of the plaee to whose eyes these effusions were submitted. This imitative propensity was, however, only a nine days' wonder ; it was as readily laid aside as it had been adopted for a newer fashion—"a rattle or a straw"—having served its purpose meantime by the ereation of a new oeeupation, for novelty, be it remembered, is as aeeeptable inside as outside the walls of an asylum.

But how, it was asked one day of a genuine

veteran poet, do you contrive to embody your thoughts in such choice and correct imagery? He, poor fellow, believed that he had written the works of Byron and Scott, and had so far lost his own identity as to announce himself to be either one or both these celebrities. His reply was characteristic of his simplicity: "I am sure I don't know, but I suppose I kick it up as I am kicking up the clods in my walks."

Descending from the regions of fancy to the prosaic one of facts, in corroboration of the value of muscular exercise, I will give another illustration. He, too, was a beneficed clergyman, and had been a passionate lover of field-sports. No cry to him had been so enchanting as the crack of the huntsman's whip, or the music of the pack in full chase after Mr Reynard. But he was suddenly smitten with a sense of remorse —a visitation of God prostrated him by an attack of profound melancholy madness, under which his agonies were extreme. His conscience smote him with opportunities that he had lost, and of duties that he had neglected. It was not that fox-hunting was of itself a reprehensible or wicked sport, but he had pursued it as a clergyman, and as a clergyman he had sinned against the Holy Ghost, knowing full well all the time that it was wrong. This was the burden of his song, and here was the opportunity of testing the value of the five-mile course. The over-charged brain gradually found relief in the exercise that a Scotchman would designate as "shaking the

shanks." Many months, it is true, thus rolled away, but the issue was again so far fortunate that he was able to resume his clerical duties, without relapse, and for fifteen years has continued to do so.

Without pretending to give a scientific analysis of the process of recovery, I think I may hazard this—that reasonable and regularly appointed bodily exercise acts very much in the same way as a safety valve of a steam boiler working under high pressure—it carries off the superfluous steam, and generates that equable condition that conduces to a healthy play of all the organs.

4. Occupation.—All our praises are not, however, to be engrossed under the preceding heads to the exclusion of this, the last and latest offshoot of the non-restraint system. Occupation is the fruit of that now forbidden tree, which men in manacles and chains could not indulge in. It has been the growth and natural inheritance of the extinct system, the new superstructure upon which our foundations are laid. Its value is priceless, as the annals of every institution in the kingdom that opens its doors for the insane proclaim in no uncertain utterances. There is a Turkish proverb so much to my present purpose, that I cannot refrain to give it. It is "that the devil tempts all other men, but that idle men tempt the devil." The due observance of it should constitute the headstone or cardinal creed in every asylum, and his will be the

victory who most assiduously reduces it into practice. It will be, as it were, the triumph of Laertes over the Tyro—of the veteran over the recruit. What the nature, kind, or degree may be, must depend on an infinite variety of circumstances, even as there are different kinds and degrees among men—tastes, habits, and education will more or less determine it: at all events, however, an inexorable warfare must be maintained against idle hands. There are few so lost as not to know how to wheel a barrow—few to whom the exercise would not be beneficial, supposing they cannot achieve anything higher. The farm and garden will always yield its volunteers, whilst the more tranquil occupation of the needle will ever find its votaries. In times of yore our ancestors' recommendations of the qualifications of a wife were

> That she should bake and brew,
> And shape and shoe.

Apply this distich in all its practicable latitude, and you may perchance find as your reward that they who came to curse will live to bless. In thus dealing with every damaged specimen of humanity, you must not travel from Dan to Beersheba and say it's all barren. It is barren, perhaps, but it is your special province to cultivate it. "All discord's harmony not understood." Underlying all this barrenness is a convertible something waiting your appropriation. This is very much like an Utilitarian view of the question; abutting somewhat on its undefined terri-

tory lies however another kingdom—the kingdom of occupation still, but divested of its more special recommendation of obvious utility—the occupation that borders on amusement. Our earliest associations are identified with what all work and no play means. We must not disregard it in an asylum, endeavouring so to dovetail the two systems as to obtain an harmonious whole. What amusements are to the occupant of the outside world, they are to the inmate in seclusion. They are generally as much sought after and appreciated. There can be no difficulty in a suitable selection with the changeable features that ever present themselves either in novelty or fashion. Let it be understood that the greater the air of freedom, the less is the appearance of restraint—in proportion as you assimilate your arrangements to the world in which you live, the nearer you attain to perfection, and that perfection to be attained is no trifle.

So far with regard to the ordinary and chronic treatment of the ordinary and chronic invalid. Now, then, as respects the treatment of acute mania : That this is an active or sthenic disease is founded in error ; it is as a rule a result of debility consequent upon an abnormal condition of the blood, or some disease affecting the circulation. The brain in either case is imperfectly nourished. The disease is highly amenable to treatment unless it arises from organic causes. It is frequently occasioned by tubercular deposit in the lungs, and this will account for the large

number of deaths from phthisis in our lunatic asylums. Formerly it was supposed that the insane were predisposed to consumption, but I came to the conclusion long ago that insanity was consequent upon phthisis—not phthisis upon insanity. In acute mania there is always a tendency to purpura. In the treatment, therefore, all depletives must be avoided, or exhaustion would be the result. I disapprove of mechanical restraint on account of its debilitating effects. I equally condemn all lowering agents, such as tartar emetic, ipecacuanha, digitalis, and all drastic purgatives—also the hot, Turkish, and mustard baths—the douche, and particularly the wet sheet. I look upon the latter as a mere substitute for mechanical restraint, and, as such, productive of great irritation and consequent diminution of the vital powers. The first object in treatment is to relieve the patient of his excitability, and, whilst doing so, to give him abundance of nourishment—good beef tea between meals, wine, malt liquor or brandy, and diffusible stimulants, such as ammonia, chloric ether, and compound spirit of lavender, with decoction of bark or infusion of quassia. I find the nitro-muriatic acid very useful, but it has to be taken for a long time. If the patient be restless at night, a stimulating draught or a full dose of whisky is generally effective. Opiates in acute mania are, as a rule, pernicious, more frequently aggravating than alleviating the symptoms. But whatever may be the advantages of

these remedies, they are comparatively insignificant by the side of a new compound which I have recently most successfully employed under the designation of the hydrate of chloral. This invaluable compound recently introduced to our notice under the auspices of that distinguished physician, Dr B. W. Richardson, I am able to speak from experience of, as one of the most striking and effectual additions that has ever been added to hygienic medicine.

If of other remedies I have to speak, be it known that that splendid medicine from America, designated under the name of Podophyllin, is capable of producing most energetic action on the functions of the liver, and as a chologogue its virtues are not to be surpassed. This especially applies to cases of melancholia. It may be used most successfully either *per se* or in combination with small doses of phosphorus. Nor would I disguise from my readers the fact that atropine can be successfully brought into action in cases of mania arising from uterine irritation—more particularly of those of an intermittent character. As to epilepsy, that *opprobrium medicorum*, I do not hesitate to affirm that most material assistance may be derived from the use of ozonic ether. As to bromide of potassium, although I have heard that it has been very efficacious in the hands of others, yet in my own experience I wish I could confirm the opinion of the outside world. I would also enumerate amongst other remedies the advan-

tages that may be derived from the salts of iron in combination with strychnine. A word to the wise: those only half know their lesson who cannot appreciate the benefits of the last-named alkaloid.

By these various agencies, and with proper moral control, I have had no difficulty in encountering all cases of acute disease. I have had patients who have been under treatment at other asylums even for long periods, and with them the treatment, continuous and prolonged though it be, has generally been successful. It is necessary, in acute mania, to find occupation for the patient, and however unfitted for ordinary amusements, he must be allowed the creative faculty after his own fashion, even if, in doing so, he plunges into some mischief. If destructive to furniture, remove the loose articles; if to wall papers, sweep them away, and let prints occupy their places. For this latter purpose I use engravings or woodcuts from the "Illustrated London News" and other periodicals. Destructive patients will find resources for themselves in pulling them off, or by painting over them in their own particular fashion. These, when so destroyed or defaced, are immediately replaced by others. Walls appropriately decorated afford no inconsiderable amusement even to those suffering from chronic disease. It is sometimes no easy task to supply occupation or amusement for maniacal patients, especially as safe toys are very readily broken;

whilst others, more or less unsafe, may be used as weapons of offence. There is a very harmless pictorial toy, consisting of a number of square wooden blocks which, when properly put together, form a picture. These can be turned over and over, so as to form six different representations. I have found this a very nice puzzle for maniacal patients. I have known them amuse themselves with these blocks for hours at a time. The squares are too large to be swallowed, and not large enough to inflict injury on others. Wooden bricks for building model houses are also very entertaining. Dominoes must conspicuously figure in the category if the patient be trustworthy. There are many maniacal patients who indiscriminately eat anything that comes in their way, such as cinders, &c.; when this is the case, they require very prompt and watchful care, and especially a guarded fire-place. It may be necessary, in these instances, to secure the blankets in strong ticking cases, as a safeguard against these injurious practices. This applies to the down of the blanket. The padded room, used now but rarely for seclusion, is most useful for them at night. Mine is provided with a mattress fixed in a frame to the floor, easily removable, and with every convenience for wet, dirty, or suicidal patients, or those destructive to clothes and bedding. It is generally regarded as very comfortable by all who use it, and if I only say a word in favour of it, it is the expression of

reluctance to surrender it for other quarters. Strong clothes, with a proper fastening, should be provided for those who destroy either their bedding or garments, or who have a propensity to denude themselves. As some with acute symptoms will sometimes show tendencies to precipitate themselves from great heights, and even to go through glass windows, it is necessary to keep all such on the ground floor. These patients require to be tenderly and warmly clad, and kept as much in the open air as possible in all available seasons. In cases of a disposition to refuse food, early nutrition is necessary. Compulsory feeding is very rarely necessary; but, when so, it can generally be managed with proper assistance without the aid of any instrument. In any extreme case, I have found that the passing of the food through the nostril, by means of a funnel, preferable to the stomach-pump or the Bakewell can. The best food is strong beef tea, thickened with Ridge's patent food or corn flour, a glass of good port wine being subsequently added. Avoid holding a patient, because the small vessels, being in a weak state, are easily broken, and by your grasp you may bruise his arms without being aware of it. It cannot be too much impressed on the public that cases of acute mania can never be properly treated at their own homes. Home treatment is pernicious and always productive of great irritation, the invariable source of annoyance to friends or neighbours. My personal

experience teaches me the rule that persons affected with insanity, either in the acute or chronic stages, eat and require more food than others. To prevent chronic cases deteriorating, a liberal diet is absolutely necessary. It is owing to the present humane method that cases of lunacy have gone on steadily increasing in our asylums of late years. Formerly these poor creatures fell victims to the brutal treatment of those who had them under charge. With the great change inaugurated with the abolition of restraint came prolongation of life, and this will account, in a great measure, for the alleged increase of insanity in this country.

With the full and free explanation thus given, we can endorse emphatically the following statement derived from the "Journal of Mental Science" for the last year, to the effect that there are 30,000 patients in the public asylums of England, all of whom have been treated for the last fifteen years without the use of any mechanical restraint whatsoever.

The reader who has been my travelling companion thus far, may, perhaps, take exception to the multiplied proofs I have in self-defence been obliged to submit to his candid judgment. In truth, there was no other alternative open to me but to declare broadly, and in the teeth of all usurpers, that whatever may be the crowning merits of the system of non-restraint as embodied in the abolition of all mechanical appliances in the treatment of the insane, those merits un-

equivocally belong to me as the first pioneer to demonstrate the practicability and safety of its universal application. I should be untrue to myself, untrue to those who succeed me, did I abate one jot of my pretensions on this head. My case is parallel with that of the captain of a ship of war who suddenly finds himself in front of a hostile fleet, securely anchored, it may be, in the Bay of Restraint. My mission, according to my views, was not to flinch, but to break the centre of that force. And so it was, that though I was afterwards joined by many consorts bearing friendly colours, my flag hoisted on board the good ship "City of Lincoln," was the first to proclaim the success of the achievement. Another seeks to deprive me of the honour of the victory, either by claiming it for himself, or sharing it with me. I can assent to neither course. I was the responsible captain in command, and lived on board. The sleeping partner, Dr. Charlesworth, an ornament in his way, lived ashore, and could only give a sanction to my proceedings.

Whilst we applaud and reward the efforts of those who successfully picree Alpine passes, who gauge the depths of the ocean and connect distant continents by the hidden mysteries of electricity, be it borne in mind that other agencies were at work,—that work which was brought to its triumphant issue when the last link of the chain was removed from the body of the down-trodden and neglected lunatic.

APPENDIX.

HISTORY OF THE NON-RESTRAINT SYSTEM.

By B. W. RICHARDSON, M.A., M.D.,

As extracted from the 'Medical Times and Gazette,' Oct. 22, *and Nov.* 12, 1864.

THE MEDICAL HISTORY OF LINCOLN.

The old city of Lincoln, if it present not, to the purely medical reader, so many features of practical interest as Birmingham, Wolverhampton, or the Potteries, has one point of great historical value in its favour; in fact, it is probable there is no town or city in this kingdom in which, during the present century, so important an event has taken place in the treatment of one form of disease as in Lincoln. I allude to the introduction, into one of the charities of the city, of that system of the treatment of the insane, known as the system of non-restraint. I, for one, feel that, excepting the discovery of Jenner, no such advance has been made in practical scientific medicine as this non-restraint method, the very greatness and simplicity of which almost enshrouds its meaning and reality. In traversing our modern

asylums with the young, I have found it difficult to make them understand what the improvement, that within one generation has been effected, is at all like. It hardly appears possibly true to the mind charged with the sentiments of to-day, and with so much more of that perfect love which casteth out fear, that there has ever been a time when every insane person who may be met in the corridor, the play-room, or the walking-ground of the asylum, might once have been seen, in the period of current memory, a miserable, manacled, tortured specimen of humanity—a specimen such as the gaol would not now present, and lodged in a prison over which even the modern workhouse offers numerous advantages. And yet all this is true, and the picture of the past cannot be forgotten in the picture of the present by those whose recollections can carry them back some quarter of a century: neither should it, nor shall it, be forgotten that here, in Lincoln, the great reform which has made the two pictures so definite quietly occurred—a reform which marked an entire revolution in psychological medicine; a reform which the man who led it, and who, I think, I might almost say completed it, has lived to see carried out to this day without reserve and in all parts of the world. More of this subject in the sequel, and in due time and place: I have touched on it thus early to recall the fact that Lincoln has a Medical claim worthy of consideration; like Schlegel's historical prophet, with

his head turned backwards, I see the Medical scholar of a century hence climbing the steep hill that leads to the City Asylum to visit the place as a spot that must be seen, like the birth-place of Shakespeare, or the Egyptian tomb in the Holy Island whence Osiris rose again.—(Oct. 22, 1864, page 440).

The City of Lincoln Lunatic Asylum or Hospital is situated, as I have once before said, on the upper part of the city, overlooking a wide extent of country. It is a plain building from the exterior, but light and cheerful within. The construction is of the old architectural type: a plain front, wings, and galleries. As it was in this building that the system of non-restraint for the insane was carried out, it is well for me to be rather minute in the description of the place and of the event it covers.

The asylum was opened for the reception of lunatics in the year 1820. Prior to the erection the lunatics of the city had been placed in asylums in the neighbourhood of London, or in their own homes; not unfrequently in outhouses and sheds. The idea of building an asylum originated with a Mr P. Parnell, who left a sum of one hundred pounds, conditionally, towards the expenses, many years before anything was done. At first the asylum was not able to receive more than forty or fifty inmates, and these were intended to be persons who had seen better days: it soon, however, changed in its practical working, and

was occupied by paupers mainly. In the course of a few years it underwent enlargement, and in 1835 it was capable of containing from sixty to seventy inmates. The first Honorary Medical Officers were Dr Ambrose Cookson, Dr Charlesworth, Dr Hett, and Mr James Snow. The first resident medical officer or superintendent was Mr Thomas Fisher, who resigned his office on October 14, 1830. He was succeeded by Mr Henry Marston, who resigned on April 9, 1834. Mr Marston's successor was Mr Samuel Hadwen, who held office until July 8, 1835. The next election of a superintendent brought forward Mr R. Gardiner Hill, then a young man of twenty-four years of age, to whose exertions, courage, and observation the world is indebted for the introduction of non-restraint in the treatment of the insane. Mr Hill, up to the time of his election, was Medical Officer or House-surgeon of the General Dispensary of Lincoln. He was persuaded to compete for the office at the asylum by Dr Charlesworth. Upon entering on his duties the condition of the asylum was as follows:—

The moral and social management of the inmates was under the direct and sole control of the resident medical officer; the honorary physicians and surgeon took part only in the treatment of the symptoms of physical disease. The patients were classified in three groups, the *orderly*, *disorderly*, and *convalescent*, and these were again divided into three ranks according to the

sums paid for them. The patients who were considered orderly and convalescent were allowed to have the best rooms and the use of front grounds. They were also allowed to intermingle amongst themselves, and so long as they remained in the class in which they were grouped they were subject to no restraint. The majority of these were imbeciles, monomaniacs, and melancholics. The disorderly patients were placed in the back wards or galleries on the north side of the building, and they had only the use of a court-yard. They were subjected to the most strict system of restraint, but the methods of restraint adopted varied somewhat from those common at that time to asylums in general. Most of the modifications in the way of restraint had been introduced on the suggestion of Dr Charlesworth, and were simply these. The strait-waistcoat had been laid aside, and in place of it iron handcuffs were used, attached to leathern belts going round the body. The reason for this change was not based on the idea that the restraint of the handcuffs was less than that of the waistcoat, but on the circumstance that a patient had been found dead, apparently strangled by one of the waistcoats. The handcuffs, consequently, were thought to be safer and equally effectual. A second modification consisted in the use of what were called the "boot hobbles" of Dr Charlesworth. To explain what this invention was, it is necessary to state that previously to the invention the legs of the patients at night were

confined to the foot-board of their tub bedsteads by means of iron leg-locks. The "boot hobbles" of Dr Charlesworth were boots made of bed-tick and leather, and were locked by the soles to the foot of the bedstead. The reason for the adoption of these boots was to avoid the great chafing and the irritation of skin produced by the iron fillet or lock; it was not intended that the patients should not be restrained, but that they should be well restrained, without suffering injury. The idea, as far as it went, was humane, but very unsuccessful in its working. The boots did not hold the patients so securely as the "leg lock," and the chafing was so great that abrasion of skin and even abscess followed their employment. Handcuffs and chains were also used at night for confining the upper limbs, and every patient who exhibited violence, or who was insensible to the ordinary calls of nature, was bedded on straw.

From all I can learn from reports of English asylums prior to 1835, these systems of restraint were universal. The picture we see at Lincoln had nevertheless this one redeeming quality, that it aimed to be more merciful in its details. The evidence is satisfactory to the effect that the physician to the asylum who invented the "boot hobbles," Dr Charlesworth, was awake to the fact that from the rudeness of restraint injury was often inflicted on life and limb, and it is due to him to say that he tried to alleviate the suffering arising from what he, and all others with him, considered a necessary evil. But Dr

Charlesworth went no further than this: he had no word against restraint *per se*, but disputed the methods by which it was carried out. His improvements were analogous to those which might follow if some tender-hearted philanthropist, who thought capital punishment neeessary, should get an Act passed for culprits to be destroyed by inhaling chloroform instead of by the more brutal method of hanging them up by the neck; such a man would be a modifier of a system, but he would have nothing to do with the abolition of the system or the stamping of it out.

We eome then to the year 1835, and to Mr Hill's election. A significant fact followed him into office. After he was comfortably installed there arrived at the asylum "an order" of handcuffs from Birmingham; four dozen "wristlocks" for the use of the institution. During his first year Mr Hill, naturally, to a large extent accepted things as they were, but not without distrust and disgust. A patient whose wrists had been rendered sore by the handeuffs had a penchant for eating his poultices; and this excited Mr Hill's feeling against restraint altogether. He began therefore gradually to feel his way towards removing it, once and for all, and he soon commenced to discover that suecess was certain in its course.

It is commonly assumed—I know not on what data—that the non-restraint method came into existence in the asylum at one step—as though some one had said openly and tersely, Every fetter

shall be at once removed. There is no ground whatever for such an assumption. The facts are clear on the reports of the asylum that Mr Hill went to work leisurely, and, as we may say, case by case, in removing the manacles from the patients under his care. But true it is also that as he progressed he was astounded to see how readily the restraint system succumbed when its gradual removal was put to the test. In a very few months restraint became the exception instead of the rule, and in March, 1837, the very last case in which restraint was resorted to was entered upon the books of the City of Lincoln Asylum. It is most interesting to note from the reports the course of the facts. The following short table will give at a glance the correct data:—

		Per Cent.
In 1829	there were under restraint in the Asylum	54·16
1830	„ „	58·69
1831	„ „	57·14
1832	„ „	67·90
1833	„ „	50·57
1834	„ „	41·28
1835 from Jan. to July	„ „	41·36
1835 from July to Decem.	„ „	19·54
1836	„ „	10·48
1837	„ „	1·53
1838	„ „	·0

The success of the system of non-restraint, so clear, so sharp, so decisive, was not accomplished without considerable and obstinate opposition. The attendants in the asylum were the first who raised their voices against the innovation. To them the theory was surrounded with imaginary personal dangers; in addition, they were compelled to perform more work. When, under the old system in which they had been bred up, they had pinioned their unfortunate patients, they themselves were free and, as they held it, "jolly." Then the card-table and beer jug and good fare invited them to ease, and non-restraint was the order of their day, or rather their night. Mr Hill's new-fangled notions put this merry time of it out of joint. Non-restraint to the insane carried with it as the essential of success restraint of the attendant, more watching, more care, more kindness. It was a hard task to overcome the difficulties imposed, but at last they were met, and attendants such as we now see everywhere were part and parcel of the asylum at Lincoln.

Another source of difficulty lay with the Board of Directors of the asylum. These gentlemen were divided in opinion; some were opposed to Hill tooth and nail—thought his idea chimerical, and stamped his practice as eminently dangerous. It was even suggested that he himself was insane, that he had gone mad on his "hobby," and with it was galloping headlong to destruction. Nor was this all; it

was alleged that in his course he had no respect for others, but was ready at any moment to expose the lives of the nurses and attendants not less than his own to the wild fury of the maniac, and all in order that his wonderful conceptions should be fully realised.

Lastly, there was opposition outside of the asylum; with few exceptions, the superintendents of other asylums received the method with more than distrust, and, indeed, it required the generation of superintendents then extant to go out altogether, and make room for younger and less prejudiced men, before the whole truth was sufficiently approved. Precisely as in the case of the discovery of the circulation of the blood, few over forty fully believed. Not until Dr Pritchard followed out the plan at Northampton, and Dr Conolly afterwards placed it on the most extended basis of proof at Hanwell, was its soundness, not less than its humanity, placed beyond dispute. In the actual working out of his design Mr Hill was fortunate and unfortunate in the circumstance that he was supported by the steady friendship and sympathy of Dr Charlesworth. He was fortunate in that by having in Dr Charlesworth one on whom he could rely whenever he made a new and untried experiment. He was unfortunate in that from the very fact of having such powerful aid an excuse was afterwards found for trying to deprive him of credit which success had rendered unusually valuable, and for endeavouring to

divide his dearly-bought honours with his senior officer and former friend. On this attempt there arose some years ago a paper war signalised by two peculiar traits—a rancour against Mr Hill which it is hard to see surpassed, and a quiet, staid, unassuming defence, on his part, which it would be difficult to imitate. Looking over all the documentary evidence that is procurable, with the determination to be the simple and faithful historian, I must say that a more pitiable spectacle than the endeavour to rob Mr Hill of the value and respect due to his labours was never before witnessed in such a controversy. The evidence is conclusive that for years Dr Charlesworth himself gave to Mr Hill the full credit of the introduction of the non-restraint system, and, what is more, he lived and died without leaving a line claiming the introduction. For this and for his support rendered to Mr Hill we may thank him heartily, and, indeed, he might have placed himself by the merest touch of generosity in one of the most enviable positions in the history of physic. Had he, when his injudicious friends claimed for him that which he never did—had he then and there possessed the courage to repeat the words he used at the meeting of the Provincial Medical Association at Hull—had he said what was just true, that he was the first and earnest abettor of a system which he did not invent, it would have been the happiness of the commentator to have placed him in the first rank of those men who

have been made great by their own resignation of imputed fame and their saerifiee of self to the dictates of conseience. Unfortunately Dr Charlesworth had not the eourage to speak out: he eould not aetually claim what he knew belonged to his friend; but he died letting his friends claim for him that which he would not claim for himself.

I have entered rather largely into this question of the origin of the system of non-restraint in lunaey, beeause it is a question that in the future will be of profound interest to the historian, and because the said historian will of neeessity turn to what is written in this day for his evidences and convictions. I am bound, therefore, to give what seems to be the simple and actual truth; and the truth is, that the whole credit of introducing the system of non-restraint is due to Mr Hill. There had been perhaps before him some vague or feeble humanitarian ideas on the subject; there had been an impression, which, in fact, could not fail to arise, that restraint was cruel; but it was Mr Hill who dared to show that it was as *unnecessary* as it was cruel.

In that act of daring he won the prize, as Columbus, by the same act, won a new world. Had Mr Hill failed in his efforts; had some maniae, who previously was held in mechanical restraint, committed a murder in the early days of his system, the failure—the crime almost—would, clearly enough, have been saddled on Mr

Hill; while those who were opposing him would not have failed to have beaten him with his own weapon. Had he failed in those first efforts, there is not the slightest reason to suppose that even now restraint would have been abolished. These negatives are so clear that those who run may read them; and why the affirmative should ever have been doubted I cannot, for my part, decipher, except by assuming that it is the most difficult of all concessions to recognise the successful labourer in his own day and generation. Away with the thought! Let us give Gardiner Hill his just due, if no more, and be proud to feel that we have lived with him, and have bound up such works as we have done in the same volume of the time.—(Nov. 12, 1864, page 521.)

Further evidence corroborating the importance of the application of the system of non-restraint in connection with my practice at the Lincoln Lunatic Asylum:—

From Dr Charlesworth's letter-testimonial, Nov. 26, 1838.—"He (Mr Hill) has diligently applied all the means of amelioration placed at his disposal, and in so doing *has conceived and effected results honourable to himself, and beyond the hopes of the Board. The practice of restraint and coercion has disappeared under his management.*—(Signed)

E. P. Charlesworth, M.D., Senior Physician of the Asylum."

From Dr Cookson's letter-testimonial, Nov. 27, 1838.—" He (Mr Hill) has, during his stay with us, *so completely substituted* a system of strict supervision for the old system of restraint, that the latter has in our establishment become *entirely obsolete.*—(Signed) W. D. Cookson, M.D., Physician to the Lincoln Lunatic Asylum."

Review of Mr Hill's Lecture in the 'Lincoln Standard,' by Sir E. Ff. Bromhead, Bart., revised by Dr Charlesworth, May 15, 1839:—

" It is not often that a provincial town has produced a work of this description—a work which may fairly lay claim to an European character, as forming a most marked era in the interesting subject on which it treats. Mr Hill had for some time successfully carried into operation at our asylum the total abolition of all restraint and all severity, before he presented himself to the public as the deliverer of a lecture on the subject. In this lecture, Mr Hill exhibits a frightful picture of the ancient abuses universally inflicted on the insane, until the benevolent Pinel made an inroad on this domain of cruelty. He began what Mr Hill has completed. The graphic description of some of Pinel's cases might touch the coldest heart; and some of the cases brought forward by Mr

Hill, from the store of his own experience, are also of a very touching and affecting character. The receptacles for the insane were formerly deemed places of safe-keeping for wild beasts, in which cure was never dreamt of, except as the result of accident, and in which the most horrid and painful modes of confinement, amidst loathsome dirt, cold, and hunger, and frequent blows, was systematically practised; that the keepers (as the attendants were termed) might riot in debauchery, free from all concern and trouble about their victims. The public will bear this no longer; the atrocities at Bethlem, York, and Warburton's have awakened indignant sympathy, so that kindness is now universally professed, while the public eye is excluded with a kind of jealous dismay, lest, forsooth, the lunatic should be distressed by it. At Lincoln, the Boards resolutely set about to ameliorate the treatment, and have confirmed the remark, 'were every one to see the whole effects, mediate and immediate, present and remote, even of trifling acts of good or evil, his mind would, on many occasions, be filled with delight or remorse.' The Governors *never expressed a wish for the extinction of restraint; they never expected it, not one of them deemed it possible.* They did all the good they could in a proper direction, they mitigated evil. . . . He (Mr Hill) had much to struggle with—the character of visionary humanity, the underplot of reluctant servants, who found every step in his progress a

trespass on their repose; and it may be considered most fortunate for mankind that no unlucky *à propos* accident blasted the plan for ever."

From the Governor's Memorandum Book, Lincoln Asylum, Oct. 9, 1839.—"The entire absence of restraint still continues, *to the high honour of the house-surgeon.*"—(Signed) "Edw. Ff. Bromhead, W. M. Pierce, E. P. Charlesworth."

Sir Edw. Ff. Bromhead's letter-testimonial, addressed to the Chairman of the Lunatic Asylum, Bodmin.—"Thurlby Hall, Newark, Nov. 6, 1840.—Sir, I have great pleasure in certifying my opinion of the probity, zeal, good temper, and solid judgment of Mr R. G. Hill, shown for several years as house-surgeon of the Lincoln Asylum. Having myself, for a very long period, paid much attention to this asylum, the County Prison, and other public institutions, I can declare that I have not yet met with any officer so little disposed to content himself with formal duty, nor any who seemed more to take a deep personal interest in his duty. It is most honourable to him, that when I was in the chair on Mr Hill's retiring from office, the vote of regret for his loss, and thanks for his services, passed the Board unanimously, though the opponents of *his system* of throwing aside the straitwaistcoat and chains were then present. Most

unhappily, this great improvement has been deemed a rebuke to the practice of Mr Hill's predecessors, and the practice of other houses, and has drawn much acrimonious exaggeration and even misstatement against the practice, and, finally, as might be expected, some hostility to *the author* from the party favourable to instrumental restraint and their friends.—I have the honour to be, Sir, your very obedient servant, EDW. FF. BROMHEAD."

From the Physician's Case Book, January 3, 1841.—"The bold position taken by Mr Hill in his publication on the non-restraint system, assuming the practicability of a total abolition of instrumental restraint, was not less sensible than sound. The present house-surgeon has taken a similar position as regards the abolition of solitary confinement, and I trust he will succeed in his object, *as Mr Hill has done in his own.*" —(Signed) "E. P. CHARLESWORTH."

From the 'Stamford Mercury,' May 3, 1839. —"Lecture on the Management of Lunatic Asylums, by Robt. Gardiner Hill, house-surgeon of the Lincoln Lunatic Asylum.—The author of this volume has distinguished himself as being the first individual in this country to emancipate the sufferers under the bereavement of reason from the cruel and ill-judged punishments and restraints to which they were so long subject. The *total abolition* of personal restraint in the

treatment of the insane, be it remembered, distinguishes *our* County Asylum alone; and Mr Hill is the praiseworthy individual who alone has had the benevolence and courage to attempt this great moral reform, in spite, too, of numerous sneers thrown at him by the managers of the Nottingham and other asylums."

From the 'Stamford Mercury,' May 31, 1839.—"J. Conolly, Esq., M.D., Physician of the Hanwell Lunatic Asylum, and his brother, W. Conolly, Esq., M.D., last week inspected the institution at Lincoln. These gentlemen registered in the visitors' book a strong testimonial of the effects produced by the humane system of Mr Hill. Mr H. was the first to break through the prejudice of medical men, and to commence a course of treatment diametrically opposite to the barbarous system of his predecessors. Its result has been success to an unprecedented extent; and we doubt not that ere long the plan of conciliatory treatment will be universally adopted. Coercion might have deprived the world of the mine of intellectual wealth stored in the clouded mind of the poet Cowper; kindness, and an opportune effort to lead him into his former pursuits, restored him."

From the 'Athenæum,' Sept. 28, 1839.—"A Lecture on the Management of Lunatic Asylums, &c., by Robert Gardiner Hill.—'The object of this lecture,' we are told in the preface,

'is simply to advocate the total abolition of severity of every species and degree in our asylums for the insane; and, with this view, to show, first, that such abolition is in theory highly desirable; and secondly, that it is practicable.' Mr Hill, who is house-surgeon of the Lincoln Lunatic Asylum, has apparently designed this lecture, in the first instance, as a *compte rendu* to the subscribers to that institution; but he has done wisely in giving it a more extended circulation. The main proposition he has undertaken to establish,—*that in a properly constructed building, with a sufficient number of suitable attendants, restraint is never necessary, never justifiable, and always injurious in all cases of lunacy whatever* (page 21)—we believe to be substantially correct; and it is a fact no less consolatory than true. . . . The impediments in the way of a general adoption of the Lincoln plan are all summed up under the two heads of trouble and expense; and these, in fact, resolve themselves into the one consideration of money. . . . In a case of this kind, however, expense is a consideration scarcely to be entertained; and we trust that this appeal of Mr Hill will find its way throughout the kingdom, and that humanity will not be suffered to sleep over his statements. The fundamental revolution in the treatment of the insane which this author recommends, if sanctioned by ulterior experience, will be one of the greatest and most glorious triumphs of civili-

sation over prejudice and ignorance, of which modern times can boast. Most heartily do we desire its immediate success."

From the 'Penny Magazine,' January 16, 1841.—"But with respect to the important matter of restraint, we cannot avoid noticing that Mr Hill was the first to contend that *no* personal restraint, such as that implied by the use of bands, belts, &c., was necessary; and, startling as the opinion was, he unquestionably reduced his theory to practice in the Lincoln Asylum for the space of two or three years without a single accident."

From the 'Asylum Journal,' January 1, 1855. —"The measure of desert of Mr Hill and Dr Charlesworth has been the subject of acrimonious discussion, the more painful because, all the facts being known, it was perfectly unnecessary. It is not denied that the whole proceedings at Lincoln were animated by Dr Charlesworth, and that, being first in command there, he was the systematic promoter of all efforts to improve the condition of the lunatic. Nor is it possible to doubt that with Mr Hill originated the conception of the total abolition of restraint, and that he first put it into practice; that he was not only the first man to think the thing possible, and to express that belief, but the first man also to make it an accomplished fact. On what substantial point, therefore, is dispute possible?"

(Signed) "J. C. Bucknill, Editor of Journal, and now one of the Chancery Lunacy Visitors."

From the 'Asylum Journal,' Feb. 15, 1855. Third Notice of the Eighth Report of the Commissioners in Lunacy, by John Conolly, M.D.—"The Lincoln Asylum must always occupy an important place in the history of asylums, as having been the first in which the idea of wholly abolishing mechanical restraints was adopted in the most unqualified manner, and acted upon with success. I wish on this occasion, as on many former ones, to express my grateful recollection of the advantage I derived from a visit to that asylum in May, 1839, with Mr Gardiner Hill; and to an interview, on the same occasion, with the late Dr Charlesworth. Although, when a student, I had been familiar with the admirable principles of treatment, as regarded the insane, in Mr. Samuel Tuke's account of the Retreat at York, and with the writings of Pinel, it is probable that I might never have conceived the idea of entirely excluding restraints from an asylum if I had not seen that it was practicable at Lincoln."

From the 'Asylum Journal,' April 2, 1855. —Fourth Notice of the Eighth Report of the Commissioners in Lunacy, by John Conolly, M.D.—"But one reference more I must make, and with it I shall conclude. It is pleasant to cite the latest testimony of Mr Gardiner Hill, who, after his experience in the Lincoln Asylum,

has now for some years put the non-restraint system equally to the test in his private establishment of Eastgate House in that city. Mr Gardiner Hill may have employed a few unguarded expressions in his celebrated lecture in 1838; but that lecture excited universal attention in asylums.

"Mr Gardiner Hill says: 'As I had occasion to remark some years ago, does restraint prevent accidents? Experience proves the contrary. Does restraint prevent suicide? Experience proves the contrary. Can a patient, insensible to the calls of nature, be restored to habits of cleanliness while under restraint? He cannot. Does restraint contribute to the recovery of a patient? Experience proves the contrary. It exasperates the sufferer, excites in him a spirit of revenge against the attendants, and thus is the fertile cause of accidents or injuries in an asylum.

"'I further observe, non-restraint is practicable, for it has been well tested; it is humane, as all must acknowledge; it contributes to the comfort, the cheerfulness, and the recovery of the insane. It is also safe, for no serious or fatal accident has occurred in consequence of it. Constant surveillance has prevented this. It soothes the patient, keeps his angry and revengeful passions at rest, gives him the power to assist himself, and thereby prevents his falling into habits of hopeless filth and misery; and I venture to pronounce of it that it is the

system which must and will ultimately prevail in every asylum.'

"These are words of great weight and value. They proceed from one who has lived in an asylum; has watched the effects of different treatment in very numerous cases from the hour of their admission to the end; and who knows all the details of the anxious but most instructive nights and days of those medical officers who, resident under the same roof with many lunatics, are zealous and vigilant, and depend more upon their own observation than on the vague reports of uneducated or slothful subordinates."

POSTSCRIPT.

SINCE this work was in type, certain non-medical journals have been industriously ventilating the question of the propriety of returning to the use of the strait-waistcoat, in consequence of some painful disclosures in one or two of our large public asylums during the past year. This suggestion, stripped of its plausible recommendations, is neither more nor less than a recognition of restraint in disguise. The sanction of the strait-waistcoat would only be the stepping-stone to the revival of the abominations of the practices of the old system, and with that old system there must be no parleying. Non-restraint may be compared to the indestructible pillar of Smeaton that is founded on a rock ; the passions, the prejudices, the winds and waves of current doctrine may assail it, but only to prove that it can hold its own against all comers. "Vestigia nulla retrorsum" must be our motto. As well expect to re enact the Heptarchy, or revivify Gatton and Old Sarum, because occasional failures cross our path.

It must be borne in mind that non-restraint was never brought forward as an absolute unimpeachable remedy that would under all imaginable circumstances anticipate every possible strain that might be put on it. Like all other human discoveries, it was not perfect, because it required other human agencies to carry out its behests, and in this way it was liable to occasional failure ; but, nevertheless, where lives the man who is not prepared to endorse the statement that it was a gigantic

stride in advance of the system it superseded? Look at subsidiary contributions that have made the triumphs of art conspicuous. Is vaccination an *invariable* prophylactic against the scourges of small pox, and do we find that the invaluable boon that chloroform has conferred is not *sometimes* marred by disastrous and fatal results? Good and evil under the providence of God are so permitted to exist as if to rebuke our pride by showing us that there is only *One* that is perfect. Failure, then, being admitted to accompany us in all our advances, it is important that we should accurately weigh their value by the test of experience,—to balance, in so many words, the state of the account. That occasional casualties have taken place in our large asylums, under the non-restraint system, and that their recurrence is to be prevented by falling back on the old expedient of strait-waistcoats involves something like a *petitio principii*, as if no such accidents ever occurred under the ancient system. If the oracles could ever disclose their terrible secrets, a different tale would be told. The notion of the easy application of the strait-waistcoat somewhat resembles the "belling of the cat," and involves a brutal struggle between two opposing forces, in which ribs may be broken and other injuries inflicted. Undoubtedly, it is eminently unsatisfactory that these misadventures should occur, and still more so that they should be shrouded in such impenetrable mystery. With proper supervision and care they ought not to happen. Absolutely to prevent them may be a difficulty, but to minimise their occurrence is quite within the range of possibility. With that view, it should be recognised as an axiom in an Asylum, that if it be necessary to subdue maniacal excitement by force, that force should not be employed without the presence of the educated intelligence of the house, so that responsibility should be fixed where it properly belongs. I think the process now resorted to in Asylums of "Club Law," when it is necessary to interfere with the restricted liberty of the patient, should never be left as it is to the impulsive energies of the attendants, who

are acquainted with nothing beyond brute force. We do not in the outside world, when a capital operatiou is to be performed, rely on our individual skill ; we are glad to avail ourselves of the presence of neighbours and friends. Consider the act which deprives a man of his limited liberty in an Asylum as one that is to be classed with lithotomy, and you will from that date inaugurate a purer and safer system of control.

But whilst every human agency should be called into play to avert such evils, we must not be so exacting as to seek upon every failure to revolutionise the system of non-restraint. Official returns show us that, highly as we prize the safety of the traveller, something like 300 individuals are annually killed in the streets of London by horses and vehicles. Do we consequently lay au embargo on locomotion, or do we multiply our means of safety by widening narrow thoroughfares, rounding sharp corners, by supra or subways, or by diminishing the perils of great crossings by adding to the strength of the police-force ? It is to be hoped that we do one and all of these things. So in the treatment of the insane—let vigilance be the motto, and increase, if necessary, eveu the eyes of Argus.

That the public may thoroughly comprehend the naturc of the strait-waistcoat, so fatal iu its use in former times, and realise its application, I introduce the following most recent report extracted from the "Revue des deux Mondes" of the present month, as given from the pen of M. Maxime du Camp.

"It is not without difficulty (says M. du Camp) that the turnkeys get a prisoner into the strait-waistcoat, and the struggles and despair of most men at this aggravation of their punishment cannot be witnessed without a feeling of pity, whatever their crimes may be. As soon as they are strapped and buckled in, most prisoners lean back panting against the wall and exclaim, 'This thing prevents my breathing!' The wearing of this garment is the real punishment the convict has to endure ; it paralyses every motion and every gesture, and, sleeping or waking, reminds him of his inevitable death."

I also introduce a statement from the "Records of Parliament," recently made by Mr Blake, M.P. In calling the attention of the House to the case of Edmund Flinn, of the Clonmel Lunatic Asylum, the hon. gentleman observed "that the unfortunate lunatic had been confined in a strait-waistcoat for a month, and that the treatment had terminated in mortification of the hands, wrists, and arms. He was in a dreadful condition, and it became necessary to send him to the hospital, where he remained for some months. On coming out he was found to be incapacitated for work. The wounds on his arms, wrists, and hands were healed, but the cicatrices left were deep and most pitiable."

Whatever may be the drawbacks, the shortcomings, or the failures of the non-restraint system, and whatever may be the responsibility of him who first inaugurated it, I adhere to it with no faltering pen; if I have erred, I must err still, and if the world chooses to visit me with condemnation, I shall not shrink from the consequences—prepared to exclaim in the language of Euryalus:—"Me, me, adsum qui feci, in me convertite ferrum."

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